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EDITORIAL COMMENT

THE POSITION OF THE MATRON IN TRAINING SCHOOL AND HOSPITAL

"To this subject was given most earnest attention at the Cologne Congress, and rightly so," Miss Dock tells us. "The foreign title 'Matron' is given to the woman whom we call 'Superintendent of Nurses,' and who, in other countries, often combines with her nursing oversight more household supervision and control than our superintendents of nurses usually possess. Because, perhaps, of her domestic functions, she often has great difficulty in developing and holding her position as head of the nursing staff, and in many European countries the matron and her sphere form the central point of hospital controversies. The medical staff often resent her appearance in the wards, and object strongly to her 'changing nurses in the wards.' Their ideal is to have head nurses responsible to themselves only. Hospital directors also begrudge authority 'in the hospital' to the matron, and would like to keep her a housekeeper only, or at least to limit her sphere to the Nurses' Home or professional school. Even Denmark, enlightened country though it is, has no matron as head of the whole nursing staff in large public hospitals, and there seems to be a growing preference among hospital men for what they call 'The Non-Matron System.' As under the most favorable conditions, the non-matron system means entire absence of systematic rotation through branches of hospital service for pupils, absence of systematic training, absence of care for nurses' health, and absence of that 'atmosphere' or spirit which can be felt in a hospital, European women

are naturally concerned and anxious about it. Under the most unfavorable conditions, the non-matron system results in a most deplorable morale. The leaders abroad are therefore bending all their energies to strengthening a correct idea of the matron's part in the hospital. Only the few most liberal men in each country are in sympathy with them. For this reason especially the death of Dr. Lande, in France, was a calamity. American and English matrons cannot do too much in upholding the hands of their foreign colleagues on this basic point. To advocate a non-matron system is to flout the very a, b, c of Miss Nightingale's teachings, and is an insult to the women who have transformed hospitals from the evil dens they once were, to their present usefulness."

COMMITTEE MEETINGS

A good and growing custom is that of holding several important committee meetings at one time of year, when persons who are members of more than one can be at hand. There are usually some such gatherings of executive and special committees in October and January of each winter season, but it is especially true of the time of the gathering of nurses for our national conventions. At that time not only are there conferences of members of the committees of the national and affiliated associations, but advantage is taken of the fact that many nurses are present, to call for representatives of more restricted interests, such as state Red Cross committees or for gatherings of the graduates of some school. Very often the most valued and best-known workers are obliged to forego all the social functions of the convention season because of these business engagements, which mean long sessions of earnest discussion and hard work. The very multiplicity of committees, a natural result of our growth and larger interests, makes it difficult to avoid conflicting appointments, and often a chairman who has been looking forward to at last getting her group of workers assembled finds she has not a sufficient number to transact business, because all are members of other and equally important committees.

Would it not be possible to have a more concerted plan of action by making the national secretary's desk a clearing house for appointments? If each chairman who intends calling a committee meeting in connection with the convention of the American Nurses' Association would notify the secretary of her intention some months ahead, giving her the names of her committee members, a schedule could be arranged by which committees could meet without interference with the convention proceedings or with each other.

It may be we are too sanguine in regard to the possibility of making such a working schedule, and that the national secretary would require

the experience and ability of a train despatcher to arrange all these conferences satisfactorily, but it seems to us the plan is worth trying. Another suggestion we have to offer in regard to it is, that all these committee meetings should be held on the days just preceding or just following the convention proper, so that officers and committee members might enjoy the meetings and meet the nurses who are present, between times. This informal social intercourse is, as we know, one of the most valuable elements of a large gathering. The workers need to learn the personal wishes and suggestions that some individuals are too timid to offer in public, and many a nurse has some problem at heart which she wishes to talk over with a more experienced woman if she but had the chance to do so.

PROGRESSIVE STATE WORK

It has always seemed to us that one of the reasons for the existence of a state association is that it should be a leader in educational or social work, and that by its example or active efforts local associations should be inspired to follow. Not all state associations achieve this ideal; some jog along contentedly, after securing state registration, without much more important work than a local association might undertake. There are occasional exceptions that show what can be done. The members of the Wisconsin State Association, at their annual meeting in October, decided on two distinct lines of work, simple enough in themselves yet of real importance. First, a nurse was appointed to visit the various cities and towns of the state, with a view to forming county associations. Second, resolutions were adopted protesting against the wearing of the uniform on the street or in public places. Copies of these resolutions will be sent to every training school in the state, so that none need be in doubt as to the attitude of the state association in the matter.

If the association succeeds in establishing a few strong county societies and in making the public use of a nurse's uniform a matter of reproach, it will have accomplished a good year's work.

We believe that in many of our associations programmes and proposed lines of work are too full to be practical. The minds of those present are bewildered by the multiplicity of duties set before them or by the interests appealing for their support, and they go home without any definite plan to put in action. If it were possible to confine ourselves to a few subjects for papers and discussion at each state or local meeting, each being well worked out and ably presented, we believe we should see better results.

MISS WALD HONORED

At the recent celebration of its seventy-fifth anniversary by Mt. Holyoke College, a number of honorary degrees were conferred, some of

them upon women who have made notable contributions to the progress of the world's work, women of whom Mary Lyon, who was a most progressive woman, would have been proud. One of these degrees, that of LL.D., was bestowed upon Miss Wald, of the Nurses' Settlement, New York City. In granting it President Wesley said: "Lillian D. Wald, friend of those who need friends, originator of far-reaching municipal and national movements for the care of the sick and the poor and little children, a citizen of whom our greatest American city may well be proud, we confer upon you the degree of Doctor of Laws and admit you to all its rights and privileges."

What a chorus of approval there would have been if the nurses of the country could have been present to voice their feelings in regard to this first honor of the kind granted to an American nurse. We all know how richly it has been deserved, by years of unceasing devotion, first to the Nurses' Settlement, which she founded, and which has been the model for many others, then to wider fields of philanthropy. It was she who inaugurated the idea which has grown into the Children's Bureau, and it is fitting that Miss Lathrop, the head of the Bureau, should have been honored with a degree at the same time and place.

AMERICAN VIGILANCE ASSOCIATION BIBLIOGRAPHY

In the official report of the proceedings of the American Nurses' Association, published in the August JOURNAL, there appeared a statement, made by Miss Crandall, in her discussion of the paper, "Teaching of Sex Hygiene," that a pamphlet was issued by the American Vigilance Association of New York City which gives a carefully compiled bibliography of the literature on this subject. Miss Crandall recommended this to her audience and gave the price as twenty-five cents. Evidently many nurses took advantage of this information, for we have in hand a letter written by the librarian of the Vigilance Association, in response to an inquiry, stating that a mistake was made in regard to the price, which should be fifty cents, and that letters are being received "daily from nurses throughout the country," and requesting that the mistake was being further advertised through the pages of this JOURNAL.

We hasten to correct the mistake and urge nurses to remember to send fifty cents, instead of twenty-five, when ordering the pamphlet. We cannot but reflect, however, that in spite of the annoyance caused by an innocent misstatement, if the Vigilance Association wishes to promote its work and to make its literature widely known, it should welcome this

army of interested workers scattered broadcast over the land. It is encouraging to us to know that a statement of this sort, made once in public and printed once as a report, should have resulted in so many inquiries.

AMERICAN FEDERATION FOR SEX HYGIENE

While on the subject of sex hygiene, we should like to put before our readers, once more, in an abbreviated form, a summary of the objects and proposed methods of work of the Federation for Sex Hygiene, sent us by Dr. Prince Morrow, its president, who feels that much interest was aroused in the exhibit prepared for the Congress of Hygiene and Demography in Washington, and that this interest should be followed by an intelligent understanding of the society's aims.

They are: enlightenment of the public in regard to the prevalence and danger from venereal disease; education of parents to the importance of instructing their children; education of young people in the physiology and hygiene of sex. Under this last-named heading come the various educational methods being used or inaugurated, such as lectures, literature, exhibits, school instruction, the reporting of venereal disease to boards of health, and the study of causes of prostitution.

In all this work nurses are vitally interested, and in much of it they can be active helpers.

ANOTHER UNIVERSITY OFFERS A COURSE IN NURSING

Under the Colorado items in Nursing News is an outline of a course inaugurated this year at the University of Colorado, at Denver, in Social and Home Service, and the subjects embraced are those which are presented in many of the preliminary courses in training schools, but without any of the practical work. Credit will be given by some of the Colorado hospitals to nurses who have completed the year's work offered, and it is a step toward the central nursing college so desired.

THREE NOTABLE CONVENTIONS

Since the last issue of the JOURNAL, three conventions have been held which have been of great interest to many nurses, the subjects discussed at all three being so closely allied to nursing work: the conference on Infant Mortality at Cleveland, the Congress of Hygiene and Demography at Washington, and the meeting of the American Hospital Association at Detroit.

In our department of Nursing News will be found reports of the first two of these conventions, many of whose subjects for consideration were similar, and we are happy to be able to give, also, the first part

of an exceedingly valuable paper read at Detroit by Rabbi Franklin of that city, a man of wide influence, whose opinions have weight with all social workers. This paper reached us so late that it was impossible to make space for it all this month, but it will be concluded in the December JOURNAL.

THE RELIEF FUND CALENDAR

We hope nurses everywhere will note the lists, published in this and the October JOURNAL, of places scattered throughout the country where the Relief Fund calendar is for sale. There is hardly a nursing centre unrepresented, and it is hoped the sale will be large and the fund greatly increased by the revenue, while those who purchase the calendars will be well repaid by its interest and worth.

We want to remind the local associations that this Relief Fund should be one of their main objects in this year's work, that we may soon begin to help those who need its aid. It is hoped that thousands of small contributions by individuals may be made, so that each nurse may feel that she has had a share in it.

HISTORY OF NURSING COMPLETED

As we go to press the announcement reaches us of the completion of the "History of Nursing" by Miss Nutting and Miss Dock by the publication of Volumes III and IV. It had been expected that the third volume would complete the set, but the addition of the fourth brings the history closely up to date. As is the case with the first two volumes, these may be bought separately, or together, or with the others. All royalties go to the treasury of the International Council of Nurses. No library for nurses' use will be complete without these valuable books.

SOME SOCIAL SERVICE ASPECTS OF THE HOSPITAL*

BY RABBI LEO M. FRANKLIN

In all phases of effort making for the betterment of man's condition, two seemingly opposite needs have in recent years been pushed to the forefront. On the one hand, as a reaction against the tendency to vague generalization regarding the cause and cure of disease both in the individual and in society, there has developed the specialist. While in the realm of medicine specialization has perhaps found its highest development, in other fields the Jack-of-all-trades who was master-of-none has likewise been relegated to the background. In all the professions and even in the industrial realm, this tendency has been well defined. Indeed, so marked has it been that they are not without some measure of justification who claim that specialization has been so much overdone that we have trained a generation of men and women who are narrow in their outlook and in their sympathies, a generation of men and women who see through one eye only and who attempt to judge all men and all conditions in the light of their particular specialty. Whether or not there be ground for this accusation against the modern specialist, there can be no doubt that in very recent times there has set in a sort of reaction against him, with the result that a new emphasis has been laid upon the fact that, in the diagnosis of physical as well as moral and social disease, the *whole man* must be taken into consideration. To be sure, this does not exclude the specialist's opinion, but rather it invites the co-operation of many specialists before a final judgment may be passed upon the nature of the disease to be treated, its ultimate causes, or the method to be adopted to effect a cure.

Thus, the physician, the teacher, the social worker—each a specialist in his own realm—link hands. An apt illustration of this new spirit of co-operation is to be found in the schools, where there is a growing recognition of the physical causes for the failure of many children to make good, which in former times was attributed solely to moral defect. The backward child or the habitual truant is no longer flogged, at least not until he has been examined as to a possible physical basis for his shortcoming in weak eyes, defective hearing, bad teeth, adenoid growth, and much more, perhaps, in underfeeding, in lack of healthful home surroundings, etc. In various reformatories and penal institutions in this country and abroad, some very telling experiments have been made in recent times to prove these theories, and with results that are little short

* Read before The American Hospital Association September 24, 1912.

of the miscreations. The federal government, too, as well as several of the state governments, is spending a considerable amount of money in experimentation along these lines.

But if the physical basis of mental and moral defect is gaining recognition, so also is the truth that the physical body alone does not tell the whole story to the physician who would diagnose physical disease. Failure in the past to count with the psychic factor, with the psychology of suggestion, etc., has limited the possibility of the physician to achieve results. Indeed, more than to any other cause must be ascribed to the failure of the physician to deal with the psychic and the spiritual side of man—with his environment and his social condition, the origin of many of the so-called mind or faith cure cults that have become so numerous in recent times. Christian Science and other systems of mental therapeutics represent so many monuments, if not to the failure, at least to the shortsightedness of modern medical science. They have grasped what the physician, particularly in this country, has failed to count with, namely, that the mental, the moral, the spiritual, and the physical sides of man's being are interdependent and that the perfection of one implies the perfection of them all. "Mens sana in corpore sano" may be reversed and yet be true.

Nor is it sufficient that we should recognize the wholeness of man the individual. Man must be treated as a part of a larger whole—as a unit link in the chain of society. Hence, it is of highest importance in the successful treatment of disease to recognize health and disease as social symptoms. It is utterly impossible to deal with certain phases of purely physical disease without tracing them back to their root causes in bad housing, in over-crowding, in sweat shop conditions, in long hours of work, in child labor, in lack of air and sunshine, in under-feeding, and in those many and varied social conditions which lie specifically within the sphere of the social worker. Failure to count with these conditions explains easily enough why the patient, apparently cured on leaving the hospital, must return there for treatment again and again. *Until the social cause of disease is removed, mere medication will never serve to eradicate disease.* How foolish, for instance, it is to believe that the building of sanatoria will stamp out the tubercular plague so long as the victims of this dread malady must return, after their short respite in the healthful surroundings of the out-door hospital, to an environment that is a breeding spot for life-destroying germs. Until the medical expert has succeeded in arousing the public mind to the need of wiping out those miserable hovels which are the nesting places of the disease germs, much of his own skill and even more of the well meant but unintelligently directed

effort of the amateur philanthropist will go for nothing. Until the medical expert wakes to the need of a close co-operation with those agencies whose specific work it is to achieve for the working man and the working woman shorter working hours and more sanitary working environment, his own efforts to stem the tide of pernicious anæmia and other life-sapping conditions in his patients will be of little avail.

But the necessity of meeting conditions of this kind is, from the nature of things, less frequent in the case of those patients who are treated at home than with those whom the physician meets in the clinics and the wards of the hospitals. What then must in a minor degree be recognised by the physician in his private practice, must become the embodied wisdom of the hospital. That hospital falls short in its prime purpose which fails to co-ordinate its work with other social, philanthropic, and educational forces in the community, and which does not maintain that co-operation both before and after the actual treatment of the patient. Emphasis has been laid by others upon the need of continuity in social service on the part of hospital authorities, but of equal importance with the study of the social environment into which the patient goes after his leaving the hospital, if a permanent cure is to be effected, is obviously the study of the environment out of which he comes, if an adequate diagnosis of his case is to be made. Thus, the hospital must realise itself as a great social force and not content itself to be, as unfortunately it frequently is, the mere adjunct or laboratory of some medical school.

(*To be continued.*)

PREPARATION AND USES OF INFUSIONS*

By FRANCES A. MYLES, R.N.
Graduate of Newton Hospital, Newton Lower Falls, Mass.

By the term infusion we mean the injection of fluids into subcutaneous tissue, or hypodermoclysis. Infusions are used in cases where patients have lost considerable body fluid, and the intake is not sufficient to make up this loss.

The symptoms that call for infusions are the sunken eyes, depressed fontanelle, prostration, weak, rapid pulse, excessive and persistent diarrhœa and vomiting, and sometimes restlessness, in very bad cases. When a baby is in this condition there is apparent need of urgent and immediate absorption of fluid, and this is best accomplished by infusion.

* As given to the Class of 1913 of the Boston Floating Hospital.

The fluids most commonly used are: normal saline solution, dextrose five per cent., the combination of normal saline solution plus dextrose five per cent., and rarely the combination of saturated solution sodium bicarbonate plus dextrose five per cent.

The normal saline solution, as one of our safest stimulants, can be used in all our diarrhœa cases, and is used extensively. Dextrose is a stimulant, but its chief characteristic is its nutrient value. It is given in bacillary dysentery, and in the ordinary diarrhœa, where there is no sugar in the urine. It is never given in the diarrhœa caused by the gas bacillus, as it will cause a rise in temperature and an increase in all symptoms in these cases.

It is readily seen that the normal saline solution is given in cases when stimulation is the greatest need, and that the dextrose is given where nutriment comes first and stimulation is secondary. The combination of normal saline solution plus dextrose five per cent. has become popular (where sugar can be used), as it serves a double purpose,—stimulation plus nourishment. The combination of saturated solution bicarbonate of soda plus dextrose five per cent. is not a favorite, because of its tendency to destroy the tissues, causing deep sloughs. It is used in cases of excessive acidity.

In the preparation of these fluids our greatest need is absolute sterilization. Everything to be used must be sterilized before we begin, such as pitchers, spoons, bottles, flasks with rubber stoppers and glass tubes, salt, water, etc. In making the normal saline solution, it is very much better to use the compressed tablets of sodium chloride, which come put up in small or in large bottles, and are supposed to be sterile. These should be kept well stoppered with sterile absorbent and cork. If these cannot be obtained, use common salt, taking care that starch has not been added. This salt must be sterilized before using (one drachm added to one pint of water is the approximate amount). To water that has already been sterilized add one salt tablet to every four ounces of water, or one drachm of ordinary salt to every 12 ounces of water. When thoroughly dissolved, filter three times. For the first filtration use two sheets of paper and a square of sterile absorbent; the second and third times one piece of filtering paper is sufficient with the sterile absorbent. After filtering three times, the fluid is ready to be sterilized, and should be sterilized on three consecutive days (20 minutes each day). If a sterilizer is not available, boiling for 20 minutes on three consecutive days is an equivalent. If we are using the 8-ounce flasks, the fluid should be put in these flasks, endeavoring to have rubber stoppers fitting tightly

and securely tied on, and glass tubing (one short piece for escape of fluid, and one long piece to admit air), to be a "tight fit." Even then, after sterilizing they are apt to become loose and to be leaky. The tops of these flasks must be covered with a pad made from absorbent and gauze sufficiently large to cover the entire stopper and part of the neck of the flask. These covers cannot be on the flasks while sterilizing, because they will "blow off," or, if they are too air-tight for that, we run the risk of breaking the flask. We can have the pads sterilized before and put them on with aseptic hands immediately or sterilize them at the same time.

Dextrose.—In making dextrose, the same method is followed. Dextrose, as we already know, is more easily absorbed than any of the sugars. It is prepared in Germany by Kahlbaum, and we receive it in a chemically pure condition in crystals. Kahlbaum's preparation is the only one that ought to be used, because of its *absolute safety*. These crystals are dissolved in sterile water. It can be bought in tubes, a sufficient quantity in each tube to make one pint of 5 per cent. solution. (Martindale.)

The combination of normal saline solution plus dextrose 5 per cent. is made either by adding the crystals to the 8-ounce solution of normal saline, or by having a 10 per cent. solution of dextrose and using four ounces of this as part of the eight ounces of water in making up the normal saline solution. The filtering and sterilizing are the same as for the plain normal saline solution.

The combination of saturated solution sodium bicarbonate plus dextrose 5 per cent. is prepared in the same manner. After sterilizing this under pressure, we find it changes color, and if tasted we would find it tasted of burned sugar, which is what it practically is. This is due to the fact that heating the sodium bicarbonate to such a high temperature changes it into plain carbonate of soda, and in doing this it burns the sugar. Sterilizing this combination without pressure, *i.e.*, boiling 30 minutes for three consecutive days, we find it does not become so dark, and usually is a pale-lemon color. Even though the greatest possible care is used in the preparation, sterilization, and giving of this combination, we are very apt to have cellulitis.

Administration.—Our fluid is heated to a temperature of 105°. With practice we can tell this temperature by placing the flask to our cheek or to the inner side of the wrist. A sterile thermometer can be used, but in doing this the fluid is contaminated by the air. The fluid can be left standing in water of 105° until ready to be used.

Tubing and Needles.—The tubing connected with a glass "Y" should be wrapped in a towel and boiled from 10 to 20 minutes. The needles should be done separately and only boiled for a few minutes. Adding bicarbonate of soda to the water helps materially to prevent rusting.

Preparation of Area.—Infusions can be given under the shoulder-blades, subpectorally, and into the abdominal wall. With our babies we ordinarily use the abdominal wall. The baby is placed on its back, the shoulders and arms are covered with a blanket, and the bedding is turned down to expose the abdomen. After scrubbing our hands thoroughly, we wash the abdomen with warm water and liquid soap, rinse with sterile water, then alcohol 70 per cent. If not more than one or two infusions are given in twenty-four hours, bichloride of mercury 1-5000 is used instead of sterile water; otherwise this is omitted, because of the tendency to dermatitis. If the baby is really before the physician, the area must be covered with sterile gauze or towel. After the needles are inserted a sterile covering is put over them, then a light-weight blanket to keep the bowels warm. It usually takes from one-half to three-quarters of an hour for eight ounces to be injected. There is a marked change in the patient after an infusion is given: the eyes are less sunken, the fontanelle does not appear as depressed, the baby is brighter, its pulse stronger, and frequently it drops into a quiet sleep. In some instances we do get considerable shock, and the skin becomes cold and clammy. Usually this occurs in moribund cases, where there is not sufficient circulation to take up the fluid. The swelling of the tissues from the infusion readily disappears, moist heat sometimes being applied to hasten absorption. There is little or no pain after the needles are inserted, and it is well to move them a little to clear them of any tissue that might block them. After the needles are removed a collodion dressing is applied.

After using, the tubing should be rinsed and then hung up until thoroughly dried. The needles, after boiling, should be left as dry as possible. This is done by putting the wires in and out, drying each time, until the wires come out dry, the use of alcohol hastening this process. The flasks and tubing with "Y" should be used wherever possible, as it is readily seen that there is less danger from infection or contamination from the air, as the fluid goes directly into the tissues. When we are not fortunate enough to have this arrangement, there are several other things that can be substituted, such as the barrel of a glass syringe (4- or 6-ounce) fitted with rubber tubing and needle, tubing once used to

let the barrel become empty until the fluid is given; sterile absorbent to be placed in the top of barrel. A fountain syringe can be boiled and used, or a funnel. The funnel is our poorest substitute, as it has such a large opening it is hard to keep it covered. When we only have the one needle it is well to put it into a new place when half of the fluid is given.

THE TREATMENT OF PULMONARY TUBERCULOSIS *

By H. H. WEIST, M.D.

(*Continued from page 14*)

The idea that overfeeding is necessary in tuberculosis has been a principle long recognized, and it is a matter of common observation that it is not difficult to bring about large gains in weight. But that something more than making the patient fat is necessary has been evident, because the disease itself persists. Extensive and active pulmonary tuberculosis is frequently seen in over-fat individuals. It is manifest from this that something is still lacking to bring about a repair of the lesion. This essential element has been definitely proved to be lime. The lime-salts have a very important part in Nature, and are necessary parts of all vegetable and animal organisms. Lime forms three-quarters of the total mineral solids of the body and is found in all the fluids and tissues as before stated. The human skeleton is largely lime. The formation of cells, the clotting of blood, all nervous and muscular equilibrium depend upon its presence. Phosphate of lime forms a part of the normal structure of every organ in the body. Lime is being constantly discharged from the body as physiological waste material. It is therefore an essential food element. Various results must, therefore, follow an insufficient supply: (1) imperfectly developed organs; (2) lowered resistance to disease; (3) lack of power to repair physiological waste; (4) lack of power to repair injury. Imperfect structure of an organ leads to impaired function. Resistance to disease is a physiological function, therefore imperfect organs must offer imperfect resistance. Growth and repair are dependent upon cell formation. Cell formation will not take place in the absence of lime phosphate. Again, disease having been established, its extension is unobstructed, because no reparative process can occur in the absence of lime phosphate.

In the application of these principles to the treatment of tubercu-

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* Read before the New York County Nurses' Association, January, 1913.

lesis, lime does not destroy the tubercle bacillus, but serves to restore the normal protective function of the cells in producing a healing process (fibrosis) at the point of irritation caused by the growth of the bacillus.

Lime-starvation will result (1) when there is a deficient supply of lime in food, (2) when there is lack of absorption in a form suitable for cell-food. The chief lime-bearing food is milk, which has been prescribed in the treatment of the tuberculous since the earliest times. Next to milk, eggs contain the greatest amount of lime. Milk and eggs are largely employed in the modern dietetic treatment of tuberculosis.

The most important salt of lime is the insoluble phosphate. How is this salt rendered absorbable in a form available by the tissues? It may be stated that its absorption in an assimilable form is best assured when it is administered in combination with proteid substances. In other words, when phosphate of lime is in chemical union with proteid, this combination is acted upon by the gastric juice and prepared for absorption in a condition suitable for nutrition. This proteid combination with lime occurs under normal conditions in the healthy body, and is dependent absolutely upon a sufficient secretion of HCl, without which the action of the enzymes essential to digestion and assimilation cannot occur.

A normal condition then might be represented by sufficient lime-bearing food, plus sufficient proteid, plus a normal secretion of HCl, all present together.

HCl has been demonstrated to be absent or diminished in diseases accompanied by fever, and in many other diseases.

If these truisms are accepted—(1) that lime is essential to the body; (2) that lime-salts are lost in disease; (3) that the most important salt of lime is phosphate; (4) that the absorption of calcium phosphate is best accomplished by combining it with proteid; (5) that HCl is a most essential part of the digestive juice; (6) that hydrochloric acid is absent or diminished in tuberculosis and many other diseases—then it logically follows that the problem of the successful treatment of tuberculosis may be solved by administering a proper amount of lime and sufficient proteid and hydrochloric acid. This is accomplished by adding dilute hydrochloric acid (10 per cent. U.S.P.) to a mixture of milk and eggs. Milk and eggs are not only rich in lime, but they both contain an abundance of proteid, which in eggs exists as albumin and in milk as casein. When dilute hydrochloric acid is added to the mixture, the casein clots. This clotting is produced by the chemical combination of casein with phosphate of lime, forming a

new chemical salt, the caseate of lime, which, after further digestion, is absorbed in a condition suitable for the growth of repair of tissues.

The principles just stated furnish the working basis for what we regard as a specific dietetic treatment for tuberculosis, which is being successfully employed among dispensary and private patients. The theory upon which it is based was evolved by Dr. John F. Russell, with whom I have the honor to be associated, and is the result of years of experiment and observation. In a paper entitled "Treatment of Pulmonary Tuberculosis, Based on the Assumption that the Dietetic Cause of the Disease is Lime-Starvation," published in the *Medical Record* in 1900, Dr. Russell made a contribution to medical science of incalculable value, the crystallized result of fourteen years' labor in dispensary treatment of pulmonary tuberculosis.

Some facts in regard to the practical application of this method in a dispensary may interest you.

The dispensary for the treatment of self-supporting (ambulant) consumptive working people was established fourteen years ago, with the purpose of demonstrating that uncomplicated pulmonary tuberculosis may be treated successfully in the home climate without detention from work. The patients are all working people and must remain at work while undergoing treatment in order to obtain means of livelihood. This is an unchangeable condition. The treatment of their disease is ever secondary to the struggle for subsistence. The hours at the dispensary are arranged so that there shall be no interference with work. Patients report at any time between 7 and 8.30 morning and evening. Patients with pulmonary tuberculosis in any stage of the disease are accepted for treatment whose evening temperature is below 101° and who are clearly not too weak to make the journey from their homes twice daily; who can provide proper food, clothing and shelter, and who live within reasonable distance of the dispensary. When other symptoms are favorable, patients whose evening temperature is 101° or more are accepted provisionally, because it has occasionally been found that, after one or two weeks of treatment, the temperature falls and remains in the neighborhood of 100°. An evening temperature of 100° and 100.5° is not a bar to treatment. No patient with laryngeal tuberculosis in the stage of ulceration is admitted for treatment. No patient is admitted whose sputum does not show the presence of tubercle bacilli. Patients are discharged apparently cured when physical signs of disease are no longer present and tubercle bacilli have disappeared from the sputum. Tubercle bacilli are considered to have disappeared when six consecutive examinations, two weeks apart, fail to show their presence.

Upon admission for treatment, patients receive specific direction as to care of sputum, and are given a printed slip of rules for their instruction. They are also taught the importance of sunlight, proper ventilation, proper sleep, the regulation of exercise, and their attention is directed to the small things of daily life which influence nutrition.

Specific directions in regard to food are practically confined to milk, eggs, and cold. Tea, coffee, alcohol, cocoa, chocolate, beef-tea and broths are forbidden.

With the exception of the milk, egg and cold mixture, and emulsion, the amounts of which remain fixed, the daily quantities of other foods are determined by the gain or loss of weight in the patient. It will, therefore, be understood how necessary it is that patients be weighed regularly. Unless patients gain weight, the dietetic treatment is wrong in some particular. There are instances where it is only necessary to gain a few pounds, but increase in weight is important as an indication of improved nutrition.

Patients are weighed, examined, and notes made of their condition every Sunday morning at 10 o'clock. This day is selected because for the greater number it is not a working day, and in consequence they lose no time from labor.

Patients are weighed in a single light gown. Weight-gaining is absolutely insisted upon. Long experience has shown that patients taking the food prescribed cannot fail to gain in weight. Therefore, patients are held strictly accountable in this particular, and failure to gain is regarded as presumptive evidence of disobedience in some particular, unless some condition is found in the lungs to explain it. The patients are taught that their hope of cure depends upon their faithfulness in carrying out the prescribed rules. Discipline is positively maintained. If patients are lax or persistently obstinate, they are dismissed. Beyond a reasonable point, toleration works serious injustice to the faithful and produces discontent and discouragement. This is explained at the first interview with unmistakable clearness. The novelty in this plan of management is its application to dispensary practice; to a class of people who would receive practically no instruction at all.

The coming of patients twice a day gives the opportunity for control which could not be accomplished by less frequent observation. They come ostensibly to take the milk mixture and emulsion, but in reality to be cross-examined by the attendants and faults of living corrected. The change in the morale of patients under this daily supervision is most surprising, and little difficulty is really experienced in having

patients comply with all suggestions. They have, too, the evidence of improvement in their fellows.

The milk, egg, and acid mixture which the patients take at the dispensary is prepared as follows: Two eggs are beaten, strained, and mixed with sufficient milk to make one quart. To each quart of this mixture are added four drachms of dilute HCl and the whole stirred until thoroughly mixed, then replaced in bottles and put on ice. Of this mixture the patients take one-half upon the occasion of their morning visit and the remainder in the evening. In addition to this, they take two ounces of emulsion of mixed fats in hot water, morning and evening. The emulsion is employed solely for the purpose of supplementing the fats. Besides this, the patients take additional eggs and milk at home, if this seems necessary, the maximum amount of milk taken under any circumstances being one and one-half quarts in twenty-four hours, which includes that taken at the dispensary, and six eggs in all.

The quantity of food taken, you will see, is relatively small and inflicts no burden upon patients. In fact, there is no hardship whatever entailed in the method.

The importance of cathartics in the treatment can hardly be overestimated, and they are given regularly and in such amounts as are indicated by the condition of the individual patient. Without cathartics it would be utterly impossible for the patient to take care of so much proteid food. Disappointment will certainly follow the failure of their employment. Their regular and thorough administration does away with the digestive disturbances which are so commonly observed in the tuberculous. No medicines whatever, with the exception of cathartics, are employed at the dispensary.

The results obtained at this dispensary would seem worthy of attention. Fifty-seven per cent. of cures have been obtained, all in advanced cases, and all patients have continued at work during treatment, whereas the average results reported from six well-known sanitaria is 20 per cent. These are The Adirondack Cottage Sanatorium, Rhode Island State Sanatorium, Sharon Sanatorium, Massachusetts State Sanatorium (Rutland), New Mexico Cottage Sanatorium, Loomis Sanatorium.

In conclusion: To treat consumptive working people in a dispensary without interruption to their work is certainly an accomplishment of economic importance. It means that they maintain themselves useful, self-supporting, contributing citizens. It means, too, the maintenance of the family, the education of children, the inculcation of ideas of

right living and of the precautions necessary in relations with the healthy—a class of consumptives who can be reached in no other way. It is sufficiently apparent that the wage-earner cannot avail himself of rest and outdoor life without impoverishing himself and family.

A method so comparatively easy of application, so readily available, which contains nothing occult or difficult of comprehension; which entails no great expense; which embraces rational prevention as well as hope of cure, and which involves no interference with personal liberty, merits adoption.

Note.—The dispensary treatment referred to by Dr. Weist is described by Mary M. Thornton as follows:

"Dr. Russell's theories as to the value of lime-salts in the treatment of tuberculous patients are carried out by him and his associates in two clinics in New York, one located on 26th Street, the other on Washington Square, South. At either place the professional visitor is always welcome. One striking ideas for a clinic for such patients might well adopt the model of that in Washington Square. Walls, woodwork, and chairs are of white enamel, scrubbed down daily. There is an entrance room for new patients while waiting for examination, a examination room with dressing room attached, cloak rooms for men and for women; and lounging rooms for men and women. All tables are of glass, and on a small one in each room is placed cut theme paper, which the patient must not be without while in the clinic.

"On entering, he or she takes from the small table in the entrance hall a few sheets of the paper, proceeds to the cloak room, then to the serving room, where he takes a cup, which he holds out for the nurse to fill with milk, taken cold. After taking the milk he holds the cup out again to have it filled with the emulsion, which is taken hot. This may be carried into the lounging room and taken at the patient's leisure. The cup does not leave the hands of the patient until he has quite finished, when he places it in the sterilizer and live steam is turned on.

"All the rooms are supplied with wide-meshed hooks set low on the floor and finished by foot lever; thus when obliged to expectorate the patient need not touch anything with his hands.

"The hours for coming to the clinic are 7 to 8.30 A.M., 7 to 9 P.M., Sundays and holidays, rain or shine. No excuse is accepted. The patient who is ill must call in another doctor if he needs one. The head nurse visits every patient's home and observes just how he lives, under what conditions, what the sleeping arrangements are, etc. Patients are weighed every Sunday and examined on alternate Sundays—women one Sunday, men the next.

"One quart of milk is taken daily at the clinic, and some patients have 'home milk' which they take away with them for use at 10 A.M. and at 3 P.M. Every effort is made to inculcate cheerfulness and hopefulness on the part of the patient, and in this clinic in Washington Square, instituted for self-supporting consumptive people, that is no small part of the battle."

TRAINING SCHOOL INSPECTION*

By MARY C. WHEELER, R.N.

Secretary-treasurer of the Illinois State Board of Examiners of Registered Nurses, and Inspector of Training Schools

THE aim of all of our work and thought is well recognized by this body here assembled, viz., to develop the women in our schools, so as to make better nurses; or as the exhibit slogan puts it, "The American nurse surpassed by none."

In order to do this efficiently it would seem necessary to find out definitely the quantity and quality of the schools for nurses each state is supporting, after that to formulate and extend such aid as to secure the end. This work is primarily the work of the various state boards relating to nurses and providing for their registration.

The need of a person to devote all of her time to the study of the conditions and the ability to provide for such a person, depends upon the conditions laid down in the various laws regulating registration. It would seem necessary, however, no matter how few schools were located in a state, to secure certain data concerning them. First, to compile a list of hospitals having in connection with them schools for nurses throughout the state, giving location, year of establishment of each, with the names of the superintendent of the hospital, and superintendent of the school. As the work grows, it is also convenient and satisfactory to have on file a list of all hospitals in the state.

This last list, however, may be already compiled and this, if correct, is a valuable reference. In some instances the State Board of Health, or some such body, would have this already attended to. Training schools may be established in connection with any one of these hospitals at any time and a full view of the hospital situation is advisable.

Hospital management may be readily divided into three heads: erection of building; the equipment of the same; the operation of the same. The general floor plan of the hospital does not come in touch with the nursing service, except in the matter of wasted human effort on the part of the nurses; there may be a gross lack of mechanical equipment, or such a plan of structure as will cause much duplication of effort. Both of these conditions waste labor, time, and material. The result is that the pupil-nurse may be overworked, may become ill, or it may require

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* Read at the joint session on state registration of the American Nurses' Association and the Superintendents' Society, Chicago, June, 1913.

many more nurses in proportion to the number of patients than would be required were a proper workshop and tools provided.

In order to place on file intelligent data concerning the individual school, besides the points already referred to, of name, location, date of establishment, and names of officers, the number of beds in the hospital, with the number of days' treatment given in the last fiscal year, should be added. A convenient classification of hospitals as regards size is to place all institutions of 100-bed capacity or more in Class A; those of from 50- to 100-bed capacity in Class B; and those of a bed capacity of 50 and less, in Class C. Then should follow the number of pupil-nurses enrolled in each of the classes, the length of the training course, and the length of the probationary period. A study of the individual applicant is of value; this shows the age, educational qualification, previous employment, and references of health and of moral character; whether or not she has been in some other school for nurses, and if she has been in some other school, her reason for leaving the same, whether she has been allowed full credit or part credit for her time in the previous institution, and what effort had been made to get information about her activities from the authorities of the last school. Then, in regard to the kind and the amount of the preliminary instruction: what plan is followed in the theoretical and practical work, what title in the remaining portion of the time; what theoretical work both in class and lectures has been given during the school year, and by whom it was presented, whether by the doctors, superintendent, assistants, or outsiders; whether or not there is a library containing nursing literature, and what text-books are used; the time allowed as the minimum in the various departments; the hours on and off duty, both day and night; and what provision is made in cases of sickness; also what is customary in regard to the matter of discipline and credits. The records of the theoretical and practical work should be simply and accurately kept; a knowledge of graduates employed, and in what capacities; the number of affiliated nurses, if any, including the number sent out and where, and for how long, and for what instruction; the number received from other schools, with the time and services of each; what allowances are paid, or any other financial arrangements; who provides the uniforms and text-books; the total number of nurses who have graduated from the school, and a record of graduates from year to year. From these records may be compiled the total number of graduates in the state. A knowledge of the living conditions is essential, the kind and condition of a nurses' home provided.

In Illinois we have graded the nurses' homes into three classes: (A) buildings which have been erected for the purpose of housing the nurses

in the schools; (B) buildings which have been adapted for that purpose; (C) those where the nurses are housed in the hospital building. In a study of 86 nurses' homes, the records show that the majority of the homes are of the B Class (44), followed closely by the C Class (27), and with but few in the A Class (13), and 2 in B and C. The ordinary nurses' home should permit of single bedrooms or of at least not more than two in each room, avoiding dormitories, and having a living-room, class- and demonstrating-room. If a library, recreation-room, outdoor sleeping-rooms, and gymnasium can be provided, they are very desirable.

After securing all of this data from the superintendent then "make rounds" through the building. There you see the nurses at work; you note their physical condition; their dress and actions; their mental attitude toward the superintendent or doctors, toward each other, and toward strangers, whether they are happy, or discouraged and unhappy. The reflection of their work is shown by the comfort and neatness of the patient and her surroundings. One gets an idea of the equipment and, in some instances where the equipment amounts to but little, the right "atmosphere" of thinking for the physically unfit is plainly seen. This is a beautiful contrast to the freely equipped institution with no nursing care. Then a knowledge of the educators back of the superintendent is important; whether they are interested in the school as a school, or are such as never think of the school except as the work is done, and the hospital accounts show the result of special duty nurses' earnings.

The Illinois Board asks for a curriculum of each recognized school from year to year, as it is planned for the beginning of the school year. From these lists the secretary is able to refer to the dates for such lectures and classes as are to be held on the various days. In many instances she has been able to attend these and has also been given an opportunity of speaking to the pupil-nurses regarding registration and answering their questions in regard to the same.

An opinion of the work of the institution by a few outsiders is somewhat of a guide as to its standing in the community, and should be considered in the final summing up of the school.

Schools may be classified as (1) those which surpass minimum requirements; (2) those which meet minimum requirements; (3) those which may be credited with one or two years, known as special schools; and (4) those which fail to meet the minimum requirements.

I beg to state that it has taken the Illinois Board more than a year to compile the data allotted to relating to its 90 nurses' schools. The work is slow but it is encouraging to find that schools which have had no more theoretical work than the outside of the text-books are asking

for teachers; that the question of hours on duty is being considered; the superintendent of nurses feels that some person or persons are interested in the achievements of the school; that the class and lecture work are being confined more nearly to nursing topics, and leaving out many medical topics; that the number of Class A honors is increasing; and that the pupil-nurses are asking questions, showing that they have an aim in their training. Although improvement seems to come slowly, yet many improvements have been made, and we continue to seek for co-operation.

The requirements to be met, or used as a standard, will necessarily depend upon the law of each state and the opportunity allowed the various boards to interpret the law. It would seem well, if it were a possible thing to do, to make the requirements of the states equivalent, or nearly so in order that reciprocity could be used to advantage.

A VISIT WITH THE DISTRICT NURSE

By ANNAMAY MORAN, R.N.,
Graduate of the Troy Hospital, Troy, N. Y.

TACT, as Webster tells us, is skill or a nice perception. Many people are born tactful, while others acquire it by cultivation. In all walks of life and in all professions is this attribute very essential. It is the silent helper to which we appeal that we may accomplish our desires. When I ask you, "In what profession is tact the most necessary?" you will answer, "Why, the nursing profession, of course." Yes, the trained nurse, whether a hospital nurse or a private nurse, requires that magic word of four letters. But, what of the district nurse, you will ask; does she, too, need tact? Ah yes, indeed; the district nurse more than any other needs and must possess this open sesame.

Knowing now, as we do, one of the essential qualities of the district nurse, I will ask you to accompany her in her indescribably irregular routine.

Leaving quarters at 8.30 A.M. with all necessities tucked in her mysterious black bag, she hastens to her first call.

I shall not attempt to describe the territory through which we pass, the distance between the cases, the steep, slippery hills called streets upon which it is almost impossible to obtain a footing, the long flights of rickety stairs; nor shall I attempt to describe the roundabout way of gaining entrance to some of our poor structures called "homes." On her way her mind is busy planning her work, and hoping to meet the hearty co-operation of acquaintances in the amelioration of suffering.

Entering the first house, what a sight presents itself! You stand aghast. Not so the nurse. In the face of squalor, dirt, carelessness, ignorance, and hopelessness she measures her forces, and almost instantaneously stirs up activity in the individuals who a short time before were simply "drones" in the house. While the house is undergoing a complete metamorphosis, the nurse is attending her patient. What a change! The restless, fever-tossed patient is fresh and clean after her bath; her bed has been changed, and the soiled clothes replaced by the snowy ones, which the members of the Instructive District Nursing Association have so generously given. The house has been cleaned and indeed presents quite a different appearance. New interest is aroused, a new system is organized, and the psychology of the change in the sick-room is beyond description. The results of this are manifold, but the two most important are comfort and self-respect. Promising to call again on the morrow, the nurse leaves for the next case.

Here we find a mother and babe, apparently alone in the house. The fire is low, the water lukewarm, and to any one but the district nurse the case would be discouraging. The nurse gets ready the necessary clothing, etc., for her charges. With the aid of a rousing fire and a singing kettle she soon transforms them into clean and comfortable patients.

Our next case is pathetic indeed. Let us go back to November 27th, on which date the district nurse first visited the family. Here she found two sisters, aged sixteen and twelve, stricken with typhoid fever. Faithfully she worked, and when convalescent again directed her attentions to the brother, aged fifteen, and the baby, three, who did not escape the dangerous malady. The four were convalescent, and all seemed bright when the faithful, overworked, anxious mother succumbed, and fell a victim to the cruel disease. Knowing this, you can understand the nurse's untiring zeal in ministering to her comforts and the expression of pleasure when the patient said, "I feel so good, and think I shall now be able to sleep."

After partaking of our lunch, we again resumed our visits. As we enter this home, even one with no experience feels all is not well. The patient is cold and clammy. She is becoming slowly cyanotic, and the nurse feels for her pulse without avail. She is conscious and talks with the nurse, who endeavors to make her as comfortable as possible. Suddenly she changes; the eyes have a dull, vacant stare; the respirations become more and more difficult; complete unconsciousness is apparent, and the dying woman is soon to leave the world of suffering and pain. Tearfully the heart-broken relatives gather around the bedside, and,

being unequal to the agonizing task, request the nurse to read the prayers for the departing soul. As she complies with their request, life is slowly ebbing away. At last the still, white form is claimed by God's unerring messenger, "the Angel of Death."

As we emerge from the house of death our minds are filled with the love and power of the Almighty. It is with these thoughts, and the desire to help mankind, that we approach the next patient's house.

A dressing is to be done; the patient, a young boy with a tubercular hip, has been a patient sufferer for more than a year. Cheerfully he greets the nurse, and, as she works, chats with her about current topics. Soon she is finished, and, after bidding him good-bye, continues her round.

Her next task is an ulcer dressing which is of long standing. From a purulent, offensive, filthy wound, she transforms it into a clean, aseptic, and skilfully-dressed one.

Again we enter the portals of a strange house. What ravages the great White Plague has left here! Lying upon a bed, pale and emaciated, is the patient. As he attempts to greet the nurse he is checked by that terrible hollow cough which, once heard, is indelibly impressed upon our minds. When the paroxysm had ceased and the patient had rested, the nurse makes him as comfortable as possible. She washes his face and hands, cleans his finger-nails, swabs out the mouth with some good antiseptic solution, and rubs the poor, tired flesh with the refreshing alcohol. She then shakes up his pillows and, paying careful attention to all parts of the anatomy liable to pressure, adjusts everything for his comfort. With the aid of warm blankets, eggs, and milk tickets supplied by our noble, generous, and sympathetic women of the Instructive District Nursing Association, he is left comfortable and as happy as one in his condition will permit himself to be.

It is now growing dark, and as our paths lie in different directions, we separate. As you wend your way homeward, your mind is filled with the incidents of the day. How the nurse loves her work! What sympathy and tenderness she scatters beneficent to her patients! Think of the insight acquired by her; the understanding of how these people think and feel and live. No sooner does she become established with various classes in her work than she finds she is on visitors of great intimacy. Thus not only is her work necessary as a physical factor, but is even more a mental and moral influence, which, of course, is of paramount importance. Thus district nursing possibilities are not confined to nursing functions, but to sociologic as well.

HOW TO INTEREST NURSES IN NURSING AFFAIRS.*

By ANNA J. GREENLEES, R.N.,
Graduate of Garfield Memorial Hospital, Washington, D. C.

THIS was the question asked after ten days filled so full of live things of interest that we had asked ourselves how one nurse could take part in all of them.

Had you attended the International Red Cross Conference in Washington in May last you would have felt that a knowledge of that organization and its workings for unfortunate humanity, for which the Conference stands, would have answered the question. One was impressed with the variety of workers represented among the nurses. The busy superintendent who left early to graduate a class of nurses; the army and navy nurses meeting from widely-separated posts; the district nurses and those from private duty, all were there with their multiple interests of nursing work, which has grown so fast in these last few years, causing an ever-increasing demand for women of tact and executive ability. You felt the bond of sisterhood gripping you when talking with the little nurse from far-off Japan, who spoke so ably of the exhibit from that country. And while listening to the full explanations, given with such enthusiasm, and so much feeling shining in those dark eyes, you knew her country, her soldiers, and her nurses were as dear to her as were your own to you. You recalled all you had read of their fine work not long since, and felt they had not been too highly commended. The pride of the German nurse in showing the first aid contrivances, "made by our soldiers"; the beautiful embroideries made by the young girls, the friendly criticism of the neighboring exhibits, caused you to feel her patriotism for a country standing in the front ranks in army, navy, and nurses.

Our own Red Cross is branching out in so many directions that opportunities for a variety of work are coming through that. It pleases us to see our country taking the lead in relief and emergency work, and the rural nursing as the latest outcome. While in recent calamities in districts of fires and mine disasters nurses were not needed, we thought with satisfaction of the large reserve on call for these purposes. Out of a permanently-known list of ninety-eight enrolled Red Cross nurses, fifty-three are engaged in private duty.

No nurse, private duty or otherwise, can be interested or benefited

*Read at the session on Private Duty Nursing of the American Nurses' Association, Chicago, June, 1912.

unless she has the desire or ambition to be so. If she is shown the benefits arising from a community of interests; affiliating with her alumnæ and taking an active part, the interest inevitably follows. When this interest is once awakened, everything seems to conspire to lead her on; or, if she hesitates, to push her forward. She may even think the alumnæ association does not need her work, but she needs the association. The advantage is great in the help it gives her intellectually and spiritually. One gets out of all work just what is put into it. If done only with material and personal ends in view, there is no uplift; but if with an ethical sense, it is raised to a higher level.

The graduate of the present time, who puts aside all the opportunities offered through co-operation because she sees no good in them, blinds herself wilfully, and is left in middle age a failure and a disappointment to herself and to others, isolated by her own short-sightedness.

Why would it not be a good idea for the alumnæ associations to formulate some plan by which an interest in the profession might be created among high school graduates with a view to having them enter our training schools? To quote from the May AMERICAN JOURNAL OF NURSING, "Every additional month or year of schooling that a girl receives during her most impressionable time of life, the adolescent period, counts for much in the development of precision, self-control, and moral force." Young women of that advancement would bring a more intelligent interest with them that would give an impetus from the beginning to work and aim.

One to whom we all do homage, and whose years of experience in training nurses give value to the opinion, when asked how to interest nurses said, "Commence with the probationer." If she is made familiar throughout her three years' course with the objects of the associations—maintaining a code of ethics; advancement in educational standards of nursing; establishing sick funds; promoting the usefulness, honor, and financial interests of the profession—she must see that the alumnæ have high ideals and stand for a continuance of the training not finished with the receiving of the diploma, and that they have given a dignity and breadth to the whole profession.

Would it not raise the standard of our profession in the family and in the community, and at the same time broaden our own outlook, if it were known that a nurse was also interested in large outside matters, such as nursing ethics, municipal health, hygiene in general, and in securing helpful legislation to these ends?

Out of the alumnæ associations have come courses of lectures, central registries, THE AMERICAN JOURNAL OF NURSING, the Course in Nursing

and Health at Teachers' College, registration, sick benefits, Red Cross work, and now the National Relief Fund; and through these things the almost incredible number of new openings coming to those who keep abreast of the times and well up to date through all these means.

The splendid success attained by all these agencies is due alone to the strong sense of duty and enthusiasm which impelled each individual member to give the best that was in her, not for herself alone but for the good of the profession. The *esprit de corps* has grown and strengthened, and you look to the alumnæ for the most far-sighted and progressive views. Membership in an association is the common requirement now in these new movements which are the natural outgrowth of these organizations. The recent ruling of the National Red Cross Committee that membership in the American Nurses' Association is necessary shows the standing and requirements of the nurse in the War Department before undertaking one of the most patriotic of our branches of work. Do we sufficiently realize and value the tremendous advantages that come to us from our training? If there was not one day's nursing done we are fitted to make better and happier homes and make others feel the joy of healthful living. Why then do we not owe the community a debt that our training has fitted us to discharge, and how better discharge it than through our alumnæ? Not to take part in these larger agencies proclaims an unprogressive spirit devoid of the desire and ambition that helps in the general uplift which needs that mite of aid each one of us can give. Can not each one of us determine that we shall not be a portion of that negative element?

EYE EXAMINATION, TREATMENT, AND OPERATION.

By HENRY GLOVER LANGWORTHY, M.D.,
Lecturer on Diseases of the Eye, St. Joseph's Mercy Training School for Nurses, Dubuque, Iowa.

(*Concluded from page 39.*)

ANÆSTHESIA.

An anæsthetic may be defined as a substance which abolishes the sensation of pain. Anæsthesia may be *general*, if produced by the influence upon the central nervous system, or local, if merely the peripheral sensory nerve-endings are affected. Complete surgical anæsthesia is characterized by loss of consciousness, of all sensibility, and general muscular relaxation. Anæsthesia has been of inestimable benefit to mankind.

Many operations are performed every day which would be impossible without it. Previous to the use of anæsthetics almost no surgery was performed which was not absolutely necessary. The administration of an anæsthetic, the general preparation, and the after-care of the patient are all of the utmost importance to the nurse, for the reason that it is a daily routine. The principal general anæsthetics are ether, chloroform, and nitrous oxide. Various mixtures and combinations of these agents have from time to time been employed, but are not in extensive use.

General Anæsthesia.—As all substances which have been employed to induce general anæsthesia are volatile in the ordinary temperature, the drug is merely inhaled into the lungs from a cloth, cone, or other apparatus made for the purpose. Although we know that general anæsthesia is produced by the action of the drug upon the central nervous system, the exact process itself is unknown.

Ether.—Sulphuric ether is one of the safest and best anæsthetics. It is made from sulphuric acid and alcohol, and has a pungent odor. The vapor is about one and a half times as heavy as atmospheric air, and is inflammable. Solutions of ether should be kept securely corked in cans and in a cool, dark place. Certain precautions should be taken before giving ether or chloroform. The heart should be examined by the physician and no food allowed for at least six or seven hours before the operation, to avoid vomiting in the early stages of anæsthesia. The bowels and bladder should also be emptied beforehand. All false teeth, plates, etc., must be removed from the mouth. Great care is taken to preserve the patient's body heat during the unconscious state while on the operating table.

As mentioned elsewhere, a pus basin, mouth-gag, tongue forceps, towels, hypodermic needle and syringe, and small bottles of brandy, strychnine, atropine sulphate, and nitroglycerin should be at hand on the anæsthetist's table ready for use in cases of emergency. A tank of oxygen is usually found in most hospital operating rooms. An anæsthetic is always administered with the nurse present, not only that she may give any necessary assistance, but also that no unjust accusation may be brought against the anæsthetist by female patients. A towel folded in the shape of a cone and stiffened with paper placed between the two outer layers will serve to confine the ether vapor and prove a most serviceable apparatus. Two or three of these cones should be prepared, so that a clean cone may be substituted for one if soiled. Indications of complete anæsthesia are stertorous respiration, muscular relaxation, and absence of corneal reflex. While accidents from vomiting and choking are possible at all times, the principal danger to be guarded against is sudden

collapse. Collapse calls for the most prompt measures for relief, such as hot-water bottles, raising the foot of the table, hypodermic injections as ordered by the physician, rectal enemas, etc. When vomiting, the patient should be turned on the side, the mouth opened, and a careful watch kept of the color of the lips to see that the larynx and trachea are free. Preservation of the body heat tends to lessen the danger of collapse. Etherization is divided into two stages: the first stage is called *primary anæsthesia*, and the second stage *complete anæsthesia*. Primary anæsthesia is limited to simple incisions or various other brief operations. The patient is in his usual condition in ten or fifteen minutes after primary anæsthesia, and seldom vomits. Complete general anæsthesia, however, is the proper condition for the average major surgical operation. Ether is an irritant to the lungs, and for that reason produces considerable nausea in the throat. In many operations complicated by congestion of the lungs chloroform is to be preferred. In ether narcosis the nurse should watch the respiration and color of the skin, while in chloroform anæsthesia the pulse is to be carefully observed.

Chloroform.—Chloroform is more of a heart depressant than ether, but is less irritating and more pleasant to take. It is particularly useful with children for getting them under its influence quickly. The quantity of chloroform is always given by the so-called open method with a free admixture of air.

Method of Administration.—The eyes should be covered with a strip of gauze before administering any irritating anæsthetic. Liquid chloroform will blister the skin if held in contact with it for any length of time. Chloroform from a drop bottle is lightly sprinkled on a piece of lint of double thickness and at first held a few inches from the mouth; very soon, however, more is added and the gauze brought nearer and nearer to the face until the vapor is freely inhaled. Just before going under the effect of the anæsthetic the patient may struggle a little, but this stage is soon passed. Complete chloroform anæsthesia at about the same level may be maintained by dropping more of the chloroform on the outside of the gauze at short intervals. Patients, as a rule, vomit less after chloroform than they do with ether.

Nitrous Oxide.—This anæsthetic is coming more and more into use, not only for brief anæsthesia of from five to ten minutes, but for even longer periods. It is, as a rule, quite safe. The gas, preserved in convenient steel cylinders, is allowed to flow into a special face inhalation mask and here mixed with a small amount of oxygen. The after-effects are practically nil. Patients, as a rule, become slightly cyanosed or blue during the administration of nitrous oxide gas, but this is controlled

by allowing more oxygen to be breathed. Slight involuntary jerking of the muscles sometimes takes place in nitrous oxide narcosis, but is of little consequence.

Local Anesthetics.—The principal local anesthetics in extensive use are cocaine hydrochlorate and a freezing spray of ethyl chloride.

Cocaine.—Cocaine is a powerful alkaloid obtained from the leaves of the coca shrub, a native of Peru. Mucous membrane can be rendered anesthetic by painting a 4 per cent. solution of cocaine hydrochlorate directly upon it. For the numbing of deep tissue, however, such as the subcutaneous region beneath the skin, the liquid must be injected in a sterile hypodermic syringe in a one-tenth per cent. solution. Cocaine has practically no effect if merely painted on the skin itself. The chief danger in the use of cocaine is the tendency to direct absorption of the drug into the circulation, producing symptoms of cocaine poisoning. Poisonous doses of cocaine exert a depressing action on the heart.

Ethyl Chloride Spray.—A freezing spray of ethyl chloride is much used as a convenient local anesthetic in minor surgery. It is put up in a small glass flask with an adjustable spring cap covering a fine opening for the escape of the fluid in the form of a spray. By simply inverting the tube and directing the spray upon the area to be frozen at a distance of about ten inches, the part treated turns white and is then sufficiently benumbed for simple incisions.

AN OBSTETRICAL CASE.

By MARGARET MARY McCLOSKEY,
Graduate of Long Island Hospital, Boston, Mass.

I HAD decided to take a much-needed rest after my years of training, therefore I wrote to an old friend whom I had not seen for years, telling her that I was coming to spend a little vacation with her. She resided some miles from the city, and I said to myself: "I shall enjoy a couple of weeks away from the noise of the city." How much I enjoyed that vacation remains to be seen. I had an immediate answer from her, telling me to come the moment that I should finish my course, as she expected a new arrival at her home about September 23rd, and would like to have me there at the time. Now, September 23rd was the very day on which I was to graduate, so the moment that I received my diploma I departed post-haste, telling my schoolmates with some pride that I had a case awaiting me.

As my friend was supposedly "at term," I thought it wise to begin preparations at once after arriving, and for that purpose I asked many questions which any nurse would have asked under the circumstances. One obstacle at once loomed up in my path: my friend's mother, who thought that she knew about as much as any doctor, and who was going to have things her own way. She had nursed her daughter when the two elder children were born, and because nothing had happened she concluded that nothing ever could happen. To all my questioning regarding the whereabouts of certain articles which I deemed necessary, she would make the reply: "Don't worry about that. It is not necessary at all. We did not have it with the other two children."

"It is a very small matter," said she, "to take care of a confinement case. The doctor does everything that has to be done, and all we have to do is to wash and dress the baby the minute the cord is cut and tied."

She then asked me if I had ever seen a doctor cutting and tying a cord. Such a question to a graduate nurse! I replied, ironically, I will admit, that I had seen a few hundred cases during my training, but that I had never seen one as yet in private practice, as this was to be my first case. She evidently did not catch my irony, for she replied, quite complacently: "Don't worry about it; when the time comes, you will see the way that I do." This amused me, but as I was there on my vacation, as a friend of the family, and not in my professional capacity, I decided to take it all in good part for my friend's sake.

At my own expense I bought some antiseptic tablets and some green soap. I also procured some material for pads and placed it in the oven for dry sterilization. I did not know that the oven was out of commission, there being no back to the fireplace, and only a thin sheet of iron between the oven and hot coals, therefore when I peeped in to see how the pads were getting along there was nothing left on the tray but a heap of ashes. Grandma, coming in at that moment and seeing what had happened, said: "It is good enough for you; there was no need of them. We did not have anything sterile with the other two children." After this I resigned myself to circumstances.

Well, time passed and nothing occurred. One evening, when I had been there just two weeks, my friend asked me to telephone for the doctor, who lived about two or three miles distant, as she was having some pain. "I shall have to tell him how often the pains come and how long they last," I said. At this Grandma almost fell off her chair. "Indeed," she said, "you will tell him no such thing. Such things should never be spoken of before any man!"

There being no telephone in the house, I was obliged to go to a neighbor's house. "Call me up in an hour, and tell me how she is," he said.

Her condition being about the same at the end of the hour, he requested me to call him up during the night if she got any worse. Mrs. M. was up in the morning as spry as a lark.

"It must have been those pills which I took yesterday morning," she told me.

"What pills?" said I. "I don't know; the name is on the box. They are for the bowels." "Where are they?" "They are upstairs on a shelf in the bath-room." I ran upstairs, got the box, and read: "Compound Cathartic Pills."

Another week passed, and finally, on the night of October 14th, about 11.30, my friend came into my room, telling me to 'phone for the doctor; that it was the real thing this time. She had been in labor three hours, but had said nothing about it. She was telling me to hurry, but here Grandma interrupted us.

"Indeed," said she, "there is no need to hurry. A woman has to be in labor twenty-four hours anyway before the baby is born."

Nevertheless, I did hurry, as I had seen more than one one-hour labor. At 11.50 I was dressed and on the road and trumped through the woods to the neighbor's house. I returned and prepared to give the customary enema, but Grandma was right there. "Indeed," said she, "you will give her no injection. She did not have one with the other two children."

During her temporary absence from the room I began washing over the patient, but I was not to be left alone very long. I had the patient partially prepared when Grandma returned to the room. "You should not touch her," said she; "if she needs to be washed, the doctor will do that himself when he comes." There were but two basins, and upon these I kept my eyes, but, as I afterward found out, Grandma had her eyes on them, too. In one I made the solution for the doctor's hands, and the other I was keeping for the placenta. The bath-room, with set-bowl, was opposite the bedroom, and so was convenient for the doctor to scrub up. He arrived at 12.15 and the baby was born at 1.10 A.M. During the third stage a most extraordinary thing occurred. The doctor had just expressed the placenta and was about to drop it into the basin which I held, when Grandma snatched the basin from my hand, saying that she needed it for washing the baby. In the twinkling of an eye she placed in my hand a bedroom vessel. "Here," she said, "this will do for the after-birth."

I did not get to bed until about 4 A.M., and, having been up all night,

I settled my head upon my pillow for a much-needed repose. It seemed to me that I had not more than closed my eyes when I awoke to find my friend's little boy pulling at my sleeve to wake me, telling me that his grandma wanted me downstairs. I looked at my watch and found that it was just 7 A.M.! I had slept just three hours. Thinking that she was preparing something for the patient and perhaps needed my advice, I threw on my bath-robe and ran downstairs. "Why," she said, "it is 7 o'clock, and there is an awful lot to be done, so I woke you. And now," she continued, "I want to make things just as easy for you as I can, for you cannot have to take a rest and a little vacation. You must not work too hard. Now, I will take care of the mother and the baby if you will just get the meals and keep an eye upon the other two children."

I then did the housework and she the nursing. I was very glad of the arrangement, for if the mother wanted to do the nursing I did not want to have any part in any complications which might arise from want of aseptic or proper care. Grandma, nevertheless, insisted that I should wait upon the doctor during his visits. That morning when he came he asked me what her temperature was.

"I do not know," I replied; "her mother does not wish me to take it."

"Well," he said, "*I* wish you to take it three times a day."

I began a chart, but it was short-lived, like everything else which I tried to do in that house. On the third or fourth day the patient's temperature went up to 100.

"Well," said Grandma, "*I* know what made her fever go up. It was just putting that thermometer in her mouth. Only the doctor did that before, and now when you do it it makes her think that she is a great deal sicker than she is."

As I had been taught not to speak of symptoms or changes of condition in the presence of the patient, I detained the doctor long enough downstairs to tell him that the patient's temperature had gone up. I saw Grandma watching us from a distance, with fire in her eye, but as I was not conscious of any wrong-doing I did not suspect the storm which was brewing. During his visit the doctor remarked that it was only the milk-fever which had made the patient's fever go up. "There, now," said Grandma, the moment he had gone, "with all your fine learning you could not tell me what was the matter with her, and it was only the milk-fever; and another thing," she continued, "anything to be said about a patient should be said right in her presence. I do not believe in talking to a doctor about a patient behind her back. That chart, or whatever you call it, you can just tear up and burn, for you shall not put that thing in her mouth again."

As the doctor depended upon me to telephone him in case of a change in the patient's condition, and as I was now deprived of taking the temperature, I determined to drop him a little note and explain matters. I started downstairs with this intention in view, when to my surprise I saw Dr. S. returning to the house. Something had gone wrong with his automobile; he could not start it and was coming back for a piece of wire. Grandma, thinking that he was well on his way home, went about her work with an easy mind. Before he could ring I softly opened the door and laid the whole case before him, telling him that I was to burn the chart. Of course, he was disgusted, as he had a right to be. They had a graduate nurse and the old lady would not let her near the patient. My only reason for remaining was that my friend was always kind to me; she had written me to come, and now her husband was also ill, I felt that to leave her at such a time would be very unfaithful, therefore I determined to endure the ravings of the old lady for the sake of my friend. I remained for two weeks longer and then hastened to New York City, where, a few days afterward, I entered upon my post-graduate work.

Perhaps I enjoyed the few weeks away from the noise of the city and perhaps I did not. Would you have enjoyed it?

Formaldehyde Poisoning.—*The British Medical Journal* reports the death of a patient after swallowing a quantity not exceeding one ounce of commercial formalin. The result shows formaldehyde to be a potent poison, probably differing little in its toxic properties from carbolic acid.

Spread of Typhoid.—*The Medical Record*, quoting from a German contemporary, says that the person who gives off bacteria is solely responsible for spreading the disease. Constant infection plays a minor part. Destruction of the bacilli in the urine and feces is the principle reliance. All carriers should be found, controlled and sterilized. Next comes the inculcation of cleanliness and strict supervision of milk and other food supplies.

NURSING IN MISSION STATIONS

EXCERPTS FROM A LETTER WRITTEN BY A MISSIONARY IN PORTO RICO, TO HER SISTER, A PUPIL-NURSE IN LEVERING HOSPITAL, HANNIBAL, MO.

Caguas, Porto Rico, July, 1913.

My Dearest Sister:

I have planned to tell you all we have learned about the plague during the last five weeks. It has been terribly hot here for three months, and it is unusually so now.

I had never known very much about the bubonic plague until it came to Porto Rico, except that it was very common in the Orient, and in South America, and parts of Africa. Only this last winter there was a siege of it in Central China, and thousands of the natives succumbed. One of the best-prepared and most intelligent medical missionaries contracted the disease and died shortly. It is practically impossible to hope to exterminate the disease in those countries, on account of the unsanitary conditions. England spends thousands every year trying to rid India and her possessions in Africa of the pest.

You remember that several years ago they had a few cases in San Francisco, but the disease was soon exterminated. I remember the officials paying three cents a head for all rats brought in. Several times since I have been in Porto Rico there have been cases in Curacoa, Venezuela, S. A., but we never had much fear, as we thought the inspection rules were quite rigid. Just before it broke out in San Juan we had been reading the cables about the plague in Port-of-Spain, and Trinidad, and in Curacoa. Just about that time, up came a ship-load of corn from Port-of-Spain, and it is thought that the rats that came with that load of corn brought the disease into Porto Rico, although this has been denied. No official statement has been made as to how the disease entered here, and probably none will be made. However, the first deaths were of men who worked around the docks, loading and unloading boats. A great many rats taken from the docks were found to be infected.

The rat seems to be the breeder of the disease, which is carried by the flea to the human being. I have always complained of the fleas down here. They are thick everywhere. It is impossible to go into the docks or into most of the houses without coming home to go flea hunting. We did not realize how many rats there were until the extermination began, and now it is known that Porto Rico is practically alive with rats. So the way to get rid of the bubonic plague is to exterminate the rat, and that is the work that is being done to-day, under official

order, in Porto Rico. Three expert sanitary men from Washington are here now, and the work of destroying old buildings, and rat-proofing all buildings is being carried forward with success. The bubonic plague in Porto Rico is costing our Government thousands of dollars.

The infection is from the flea bite. The disease develops in from 8 to 24 hours, and death results any time after 10 hours. Its first symptoms are severe headache, with high fever. The glands of the throat, followed by all glands of the body, begin to enlarge, and at once become enlarged cases of pus. This stage is very much like glanders; in fact, there were two or three cases of glanders, just at the beginning, that are now quite generally thought to have been bubonic plague.

Of course, Porto Rico was totally unprepared for such a thing, and I might say, also, that the United States was, too. We had a very scant supply of disinfectants and no pest hospitals. The first supplies reached us in about four days after the first official announcement. Yersin's serum, with a very small amount of Haffkine's vaccine, came in the first supply, and these were freely used (by injection) in the affected districts. Yersin's, the first vaccine discovered for the disease, is not, to-day, considered a good prophylactic, as it is universally acknowledged that it protects the person to whom it is administered for but six days. A cable soon came from Washington, saying that plenty of Haffkine's vaccine (which protects the person for six months) had been purchased from Paris, and was then on the way to Porto Rico. At the time the first plague experts arrived from the States they brought quantities of tanks, disinfectants, etc., for use in the extermination process. Yesterday's official statement said that everybody in Puerto de Tierra would be vaccinated at once as a preventive. Up to last night there were forty-one positive cases with twenty-seven deaths. There are a great many suspected cases in the Detention Hospital. The disease is not carried from person to person, except as the flea carries it.

Every one has been amazed at the way the disease has been controlled and the few deaths that have resulted. It can only be answered by the one statement,—thanks to the prompt and effective work of our Government. But for the fact that the Island is under the protection of the Stars and Stripes, thousands would have been dead by this time, and business completely paralyzed. Rats have been examined from all parts of the island, and infected ones found in only one town outside of the San Juan district. Of course, it will take a long, expensive time to rid the Island of the disease, as the fight must continue so long as there remains a rat in the infected districts, all at the expense of our Government.

ADELE MARTIN.

MISS NIGHTINGALE'S ROOMS AT HAMPSTEAD,
DECORATED FOR I. C. N.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE VISIT TO KAISERSWERTH

Of all the delightful memories of the Cologne Congress, one of the most precious will be that of the excursion to Kaiserswerth, the cradle of the modern Deaconess movement. Few of the stranger nurses, or even of the Germans, had ever been there, and the historical charm and actual wonder of the place made an indelible impression.

None of the Deaconess Motherhouses, as such, took part in the proceedings of the Congress;—they could hardly do so, because we, mother "worldly Sisters," proclaim an individual freedom which is directly opposed to their foundation principle of community life; but the invitation to visit Kaiserswerth and our reception there could not have been kinder or more hospitable had we been closely bound to them all by solemn covenantal.

The newer parts of the Kaiserswerth domain present a splendid group of original institutions, which our space would be all too scant to do justice to. Suffice it to say that there are two-and-twenty, including the Mother-house and the original buildings, and they lie beautifully embedded in green gardens, over a vast tract. Kaiserswerth has now, in all, over 1600 Sisters, and 80 branches, or "Daughter-houses," of which 15 are in foreign countries. To the visiting nurses a special interest was, of course, attached to the oldest parts of the domain, and this was especially true of the Americans, who care little for the new, but love the old, when they go abroad. The quaint lines of the original houses, their lovely old gardens, and the sweet seclusion of their inner courts fascinated all. At the outset of the visit we went to the graveyard, where the English nurses laid a wreath of flowers on the tomb of Frederike Fliedner, the first House Mother and the foundress of modern nursing. Pastor Fliedner's second wife is also laid there, and we saw the tomb of the first Deaconess, Gertrude Reichardt. The headstones of the Sisters are uniform, as in a soldiers' cemetery. The small room where Florence Nightingale lived during her stay there in training was the object of eager interest, but not all the visitors (there were 500 of us) succeeded in penetrating into it. Outwardly, its windows were

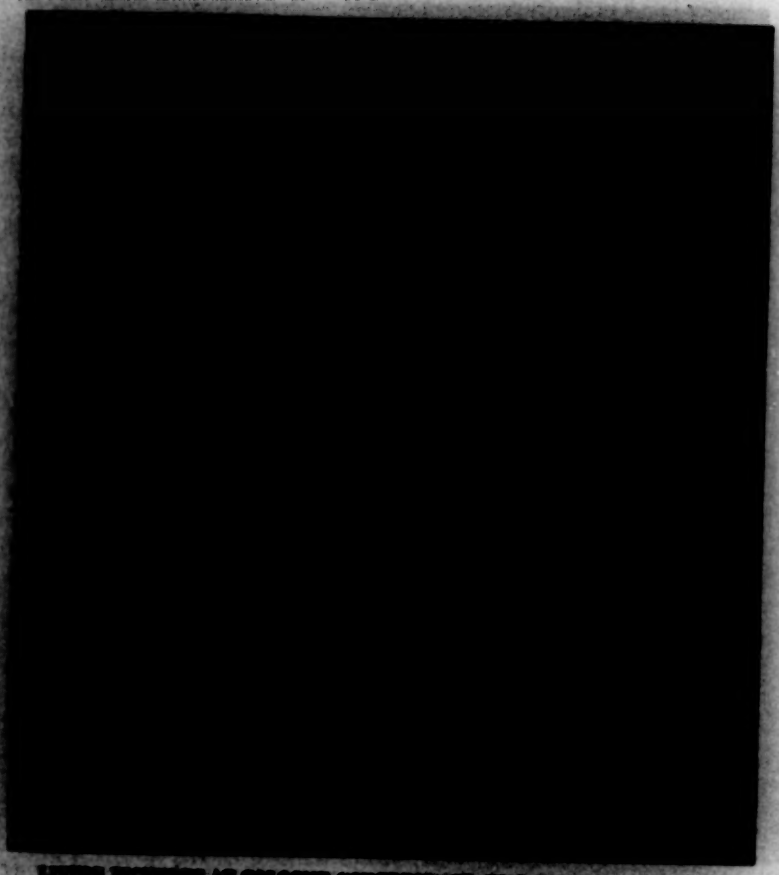
decorated with flowers and the English colors. Those of us who climbed up and into it saw a tiny, but dear little corner room, plain as possible, but with two windows looking on lovely gardens, and with window boxes. Several of the visitors whispered to each other that it should have a tablet recording the date of Miss Nightingale's occupancy. One of the Deaconesses, Sister Julie Borges, had some delightful memories of Miss Nightingale to relate to us, as she had gone to see her in London some years ago, and had given her all the latest news of the Motherhouse and its works.

We had coffee and cake and singing and eloquent words at the end of our visit, and left, full to overflowing with the impressions of the day. Kaiserswerth takes good care of its Sisters, and they have the sweetest, most sunny, care-free faces one could see. They are not overburdened with heavy work, for which an ample number of domestics are kept, but are able to concentrate on their own specialties, and to do justice to the higher, spiritual demands of their professional tasks, whether nursing, or teaching, or administration. It is a great pity that this mre institution is heavily loaded with debt, and we can imagine no more useful purpose for wealthy church people to give money to than the admirable work of Kaiserswerth.

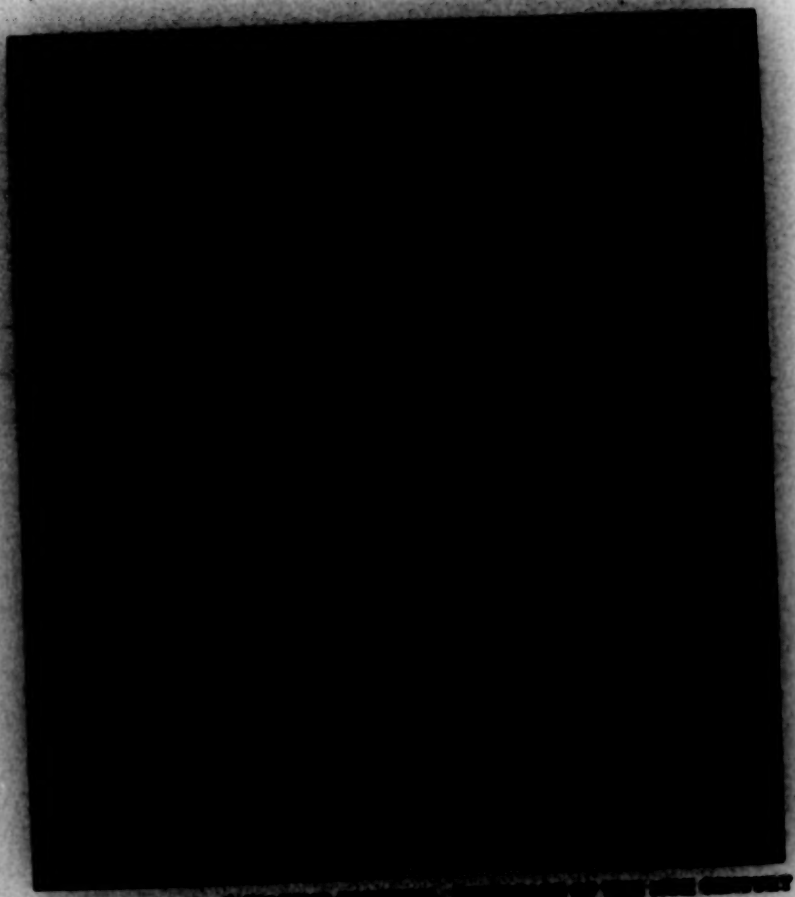
ITEMS

We are delighted to read in the August *Australasian Nurses' Journal* that affiliation with the International Council of Nurses is being considered, and it is gratifying to see that two women who came to the Buffalo Congress in 1901 are foremost in urging the step—Miss Susan B. McGahey and Miss Lina Blomfield. Both are warmly remembered by the international group, and Miss McGahey was International President for one period. She has indeed used her influence steadily for affiliation, and Miss Blomfield made a stirring speech on the question, closing with the resolution: "That it is desirable that the A. T. N. A. should affiliate with the I. C. N." We trust this resolution will be finally carried by the 3000 members or more.

La Garde-Malade Hospitalière, organ of the training schools in France, founded upon the "Nightingale system," has in its July issue an important discussion of the latest governmental action in the process of laicising the hospitals. Briefly, the enforcement was anticipated of a law which would make it practically all but impossible for physicians and surgeons owning or controlling private hospitals to employ the



LIVING PICTURES AT CHICAGO CONVENTION OF REPRESENTATIVES OF HUNGARY.
COPIED FROM A WOOD CARVING.



LIVING PICTURES AT [illegible] IN COLOGNE. THE CARTWAY AND FIGURES ABOVE REPRESENT A STONE CARVING.

religious Sisters, members of Catholic orders, who are now numerously engaged to take charge of the nursing and management in these institutions, where paying patients are received. The prospect of such wholesale enforcement filled medical heads of private hospitals with dismay, naturally, for France has not nearly enough trained secular nurses to take the Sisters' places, and hasty, sweeping laicisation in public hospitals has often been a complete failure, because organized by hospital directors without the slightest knowledge of nursing or its principles. It is not only that a raw and untrained set of women comes forward when thus summoned by a male administration, but also, often, a positively immoral set, and medical men knowing how the reputation of their private hospitals will suffer under the change, were filling the medical papers with protests, and asking where they were to get superior women of character and ability.

The G. M. H. points out the irony of the fact that the schools now existing on the Nightingale model have trouble in persuading medical men to accept these conditions of organization and of training which alone can give the results they are clamoring for. It adds: "In spite of the fact that our country has numerous schools for nurses, the number of *training school principals* who are competent, who are responsible for the selection of probationers, and who are endowed with the necessary authority for refusing those not fitted for the calling, can be counted on one hand. Would the prestige of the religious Sister be what it is to-day if the Mother Superiors had not always had this power in the selection of novices?" As a matter of fact (it goes on to say), in spite of the present urgent demand for a nursing personnel of high character, the task of the Directress, in France, is an ungrateful one. She finds, often, as little sympathy, receives as little support, from the medical men as from the administration, instead of being acknowledged by both (as she should be) as a valued and indispensable co-worker, whose skilled services assure for the school not only a careful training to its pupils, but also a careful selection of suitable women—an impossibility if there is no Directress, or if she is only a figure-head.

Moreover, the practical ward training is not understood except by the trained principal, and it is common for medical men to criticise the rotation in service for nurses, though they know it to be necessary for students.

Perhaps this experience will be salutary for the French physicians, and we cannot feel altogether sorry that they are having it. Dr. Lande, who was so exceptional in his wisdom about nursing, knew that it was

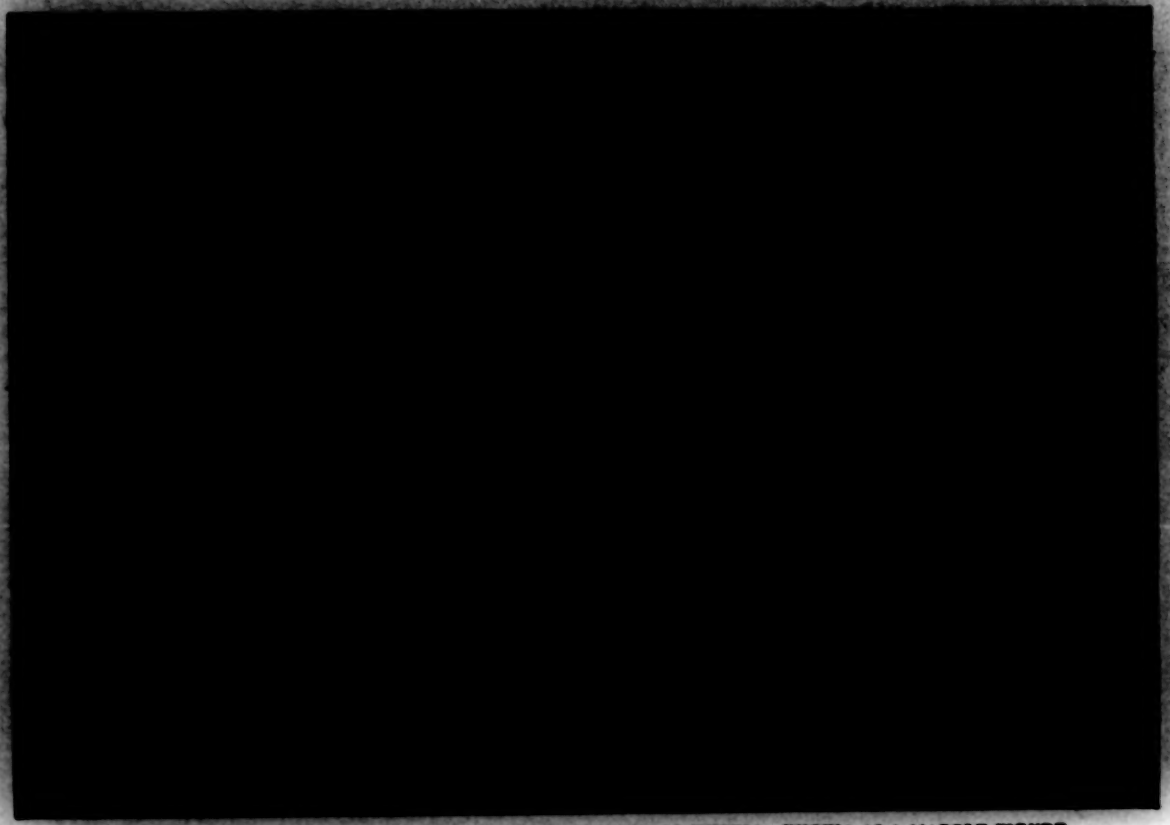
folly to drive the nuns out of hospital work without having trained and morally-desirable substitutes,—know, too, that training is a long, slow work. This question was to have come up at the very meeting of the General Medical Association where his death occurred.

A PROPOSAL has been made by Dr. Pabst, in New Zealand, that the university should confer a degree for nursing, and so recognize it as a profession. Both *Kai Tiaki* and the *Australasian Nurses' Journal* comment with some reserve on this suggestion, as involving the possibility of minimizing the primary importance of the practical work of actually caring for the patient. We believe there faces are grandless, and that there should be as full opportunity for the nurse who has teaching or administrative or social gifts to perfect herself in those branches as there now is for her to have the perfect practical training in hospital wards. An excellent old matron asks, "Who will do the work of nursing when nurses go to the university?" But there will only be a comparatively small number who will go to the university, and this small group needs that very opening, and ought to have it. The majority of nurses will always keep on caring for the patients just as they do now, and perhaps even better.

The university also proposes a degree of Bachelor of Science in Home Science, which it is thought will appeal to nurses as an accessory to their training in hospital.

THE State of Queensland, Australia, now has state registration of nurses. A board of five to administer the act has three medical men and two nurses. The two latter are in the future to be elected by registered nurses.

A GOVERNMENT-APPOINTED commission in Sweden is studying the conditions and needs of the nursing profession. Two nurses are on this body, one of them being Sister Emmy Lindhagen, president of the national association. Sister Maude Meyerson is the commission's secretary. The two nurses came to Cologne on their way back from Austria and southern Germany, where they had been investigating nursing and hospital conditions. They will also give their findings as to state registration acts, and they have sent for a file of the AMERICAN JOURNAL OF NURSING to use in their researches.



LIVING PICTURES AT COLOGNE CONGRESS. THE TRIUMPH OF HYGEIA. HYGEIA AS A MARBLE FIGURE, NURSES IN HISTORICAL AND MODERN COSTUMES BRINGING GARLANDS TO HER.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

[To keep this department up-to-date and helpfully interesting, nurses in social work of every description and superintendents of district nursing associations are asked to put the address of its editor—104 South Michigan Avenue, Chicago—on their mailing files for items, clippings, and annual reports.]

CASE TREATMENT

Question: What would you consider your responsibility in a house where you found three children of school age, under par physically, with a widowed mother working every day?

The following paper is an interesting bit of case treatment, written in answer to the above question by Miss Helga Eckland, a nurse from Finland who is taking a course with the Instructive District Nursing Association of Boston:

"The woman in this case is doing both a man's and a woman's part as provider and homemaker; the children being of school age, also unable to earn, she naturally is under a strain, which, most likely, is going to end in physical, mental, or moral deterioration. Besides this, her income cannot be sufficient even to give them bare necessities.

"First of all, I would, through the Confidential Exchange, find out if the family is known to any agencies. If not, I would, through friendly visiting, investigate the exact financial status of the family; also the woman's work, income, and expenses. If possible, I would try to get her easier and better-paying work, in order to make her realize that the main responsibility, after all, lies with her.

"The next step would be to see her relatives (with the woman's consent) and find out their circumstances and opinion. If able and willing to help, a regular 'pension' should be raised. In case this and the woman's income would not be sufficient, I would suggest suitable help, explaining which resources should be called upon. With their consent I would then report the case to the Associated Charities, Overseers of the Poor, or other (for the case) more suitable aid-giving

society, through which sufficient and regular material aid would be obtained.

"The children's being below par physically is very likely due to poor and insufficient nourishment, poor care, and neglect, or to some constitutional disorder. I would now have them examined by a physician. In case of physical or mental disorder, the proper care should be secured.

"In case of ignorance or neglect, the woman should be taught how to care for her children. The importance of regular meals, plain and wholesome food, fresh air, baths, clean and sufficient clothing, regular and proper bedtime should be impressed, as well as clean moral life.

"The mothers' and visitors' duty would also be to see that the children are well cared for when the woman is out working.

"It is also the duty of the visitor to see that the woman should not be allowed to do work which would use too much of her time and strength, but impress upon her, as well as co-operatives, the importance and economy of her taking proper care of herself and her children.

"In case the children's ill-health were due to poor tenement or unhealthy surroundings, a better house in a suitable location should be found.

"The family—now helped on its feet—should not be left to drift along. The case should be followed up, advice and assistance given, when necessary, and, above all, the woman's interest in her home kept up, especially in her children, the relief being given not only to help her for the present, but to enable her, through material and educational advantages, to bring up her children physically strong, mentally capable, morally good, that they in the future might be self-supporting, self-respecting, and useful citizens."

In the discussion that followed, it was decided that the School Nurse was the properly responsible individual, but in the event of her failing effectually to take it up, and of the district nurses' immediate need for visits in the family being removed, the obligation of the district nurse was to see personally that the nearest settlement became interested.

THE ASSISTANCE OF RULES

Rules for the members of a visiting nurse staff are sometimes wonderfully and fearfully construed, and frequently lead themselves to criticism, but there is one rule that is seldom considered as deserving of censure, it is so obviously sensible. That is the rule forbidding nurses "to interfere with the religious or political beliefs of their patients."

Nevertheless, it is hard to please everyone, and recently two visiting nurses were amazed to hear the pastor of a large and prosperous church in the West denouncing their association from the pulpit for what he considered its irreligion. "We hear that the work of the Visiting Nurse Association is successful," said the good man, "but how long can this temporary worldly success be maintained if the spirit of faith and prayer be absent? In the old days the nurses carried spiritual comfort as well as healing ministrations into the homes of the poor, but nowadays a nurse never thinks of praying with or for her patient."

In an Eastern city a prominent leader of the "Votes for Women" cause brought the superintendent of the local Visiting Nurse Association to permit her nurses to distribute suffrage literature in the homes of their patients, while an equally earnest "anti" endeavored to demonstrate that her leaflets would not make the nurses' bags any heavier, and they could disseminate tracts and enlightenment on behalf of the "anti's" cause while the water boiled or the electricity was being applied. Strange to say, the superintendent's generous offer to distribute both kinds of campaign literature at the same time met with the approval of neither leader, nor did the Visiting Nurses' explanation that they always advised their families to send for their own priest appease the minister who disliked their lack of true missionary spirit. Probably an offer to distribute tracts from several sects at the same time would only kindle his wrath further, but it would have been no more incongruous than his demand for a nurse with his idea of her religious duty. A visiting nurse needs a strong sense of humor these days to keep her sane in the midst of many critics who demand that she must be a well-trained graduate nurse with some social training, some home dietetics, a knowledge of play-ground work, an ability to manage boys' clubs, a strong bent for organization, an ability to teach in Sunday-school, and a keen desire to post-graduate in order to supply her deficiencies in these and similar works. There is a real danger in these criticisms, however, in that they serve to arouse discontent in nurses who are doing their work well and make them desire to attempt too much. Interesting as these many diversions are, a wise visiting nurse will remember that by the ministry of her hands she may teach her patients to respect her unspoken creed, or by her effectual or ineffectual attempts to persuade the city fathers to correct bad drains and open sewers she may even arouse in her patients a lively interest in the possibilities of a woman superintendent of streets or of public health. The doors of so many houses are always on the latch for visiting

nurses that they do well to respect their patients' religious and political convictions, however vigorously they may assail the patients' ignorance of ventilation or insanitary way of living. A rule that works well in both directions, and protects the patient's beliefs and the nurse from the necessity for interfering with them, is a great help to nurses in towns where political and sectarian differences are the prerogatives of the contributors to the association.

LETTERS

WASHINGTON.—Hannah Moore (Seattle General Hospital) is doing visiting nursing for the Metropolitan Life Insurance Company in Seattle.

MRS. NELLIE DAVIS, formerly the nurse for the Seattle Health Department, is now organizing tuberculosis work in Skagit County. Mrs. Edith Hickey, formerly a school-nurse in Seattle, is now with the Health Department.

ILLINOIS.—Anne Crowley (Mercy Hospital) is organizing school-nursing in Pocatello, Idaho.

EDITH WIER and Grace Randolph (Illinois Training School), have resigned from the staff of the Chicago Visiting Nurse Association and are planning to undertake scientific farming in Lake County.

EMMA BERTRAM (West Side Hospital) has resigned from the staff of the Minnesota Tuberculosis Nurses and has accepted a hospital position in Copper Hill, Tenn., a mining town.

WHAT shall it profit a child if he gain the whole curriculum and lose his health?

The only air available from dark till sunrise is "night air." Breathe it.

From "Schoolgrams," by Sherman C. Kingsley.

Copyrighted by the Elizabeth McCormick Memorial Fund.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

A COLLECTION OF INSTITUTIONS

THERE are wonderful groups of buildings one sees in the Back Bay Fens of Boston with that of the Harvard Medical School, the logical, as well as the geographical, centre.

Arranged about over several acres of land, in this most desirable part of the city, may be noted, in varying degrees of completion, such institutions as the House of the Good Samaritan, a complete structure which should have first mention by reason of its longest residence in the district. It stands as a lasting memorial to the work of one good woman, who proved her ability to recognize and supply an existing deficiency in the city's care of its sick poor long before the first social worker, as such, had sprung into existence, or contemporaneous questions had been discussed and settled by women's clubs.

A social worker, however, was Miss Ellen Robbins, who founded the House of the Good Samaritan, for she was from the highest and most refined stratum of Boston's social structure. Here may be treated chronic cases for which no provision has been made elsewhere. It would be most interesting, and possibly not a little exciting, to read of the sad discovery made by this good woman that nowhere within the city was there provision made for the incurable sick poor with certain diseases. The first House of the Good Samaritan was her own home. Surely has greater love of humanity been shown.

The new psychopathic ward of the Boston State Hospital is here, and has proved one of the greatest blessings that could be tendered the general hospitals throughout the state, especially the so-called smaller ones. Every superintendent knows the difficulty of providing for the mental cases that have shown themselves to be unsuitable as well as unfeasible in the wards of the general hospital. Pending an investigation by the Court, these patients have heretofore been obliged to remain with the surgical or medical cases, as chance decreed, but by reason of these new accommodations they may now be transferred at a moment's

notice and placed under the observation of specialists who are better able to report their cases than is the average superintendent in the general hospital. This ward is merely a place of detention while the needs of the patient are being studied and his diagnosis made. He may afterwards be committed or not according to the judgment of the Court, which depends largely upon the knowledge of the specialist. One can see clearly in all this the hand of progress working for the betterment of a class of patients particularly unfitted to help themselves.

Within the same area is noted the new Huntington Memorial, a hospital where chronics of another kind are treated and which was opened some time within the last winter.

The new Infants' Hospital is here also, but as yet not completed.

The new buildings for the Children's Hospital are begun and will soon be one of the groups that give the casual onlooker an idea of the vastness of the opportunities for medical instruction and research, for the instruction of nurses, and for the care of the sick. This noble institution has a history that its new era will do well to duplicate. One's memory may go back and recall how it has stood for all that was best in the treatment and care of the sick. Its efforts have been always of the onward and upward sort, and it has never hesitated to give attention to methods simply because they were new and untried. In the instruction and training of nurses this has been especially true, as can be attested by many of my readers who attended the demonstration given by Sister Amy and her pupils in the presence of the then Society of Superintendents of Training Schools for Nurses. This school has certainly been a strong influence in placing the education of nurses on a better basis throughout New England, and its first step in the process has been its wise selection of pupils, who have been chosen for the most part from families standing for culture, refinement, and stability, throughout generations.

Perhaps the most interesting single group of buildings comprises those of the new Peter Bent Brigham Hospital, situated in front of Harvard Medical School, with an imposing entrance, which is the only one, on Huntington Avenue and flanked on either side by some of the buildings before mentioned. These buildings, fourteen in number, are nearing completion, and when completed will mark several steps in advance, not only for the medical profession but for the nursing profession as well.

The group comprises an administration building in which are located offices for the administration of the various departments, executive, medical, nursing, etc., with apartments where may reside the various assistants

and internes. A domestic building contains kitchens, dining-rooms, and stores.

A Nurses' Home has accommodations for ninety nurses, all of whom have very single rooms. A unique and wisely-planned feature of this house is that which provides for the segregation of nurses in classes. The domain of the probationer will be moved to her, and the graduate also will have her side of the house. There are ample class rooms, work rooms, study rooms, sitting rooms and libraries, all supplemented by an enclosed space to be known as the nurses' own garden, upon which they can step directly from their house, but which from its location ensures privacy and quiet—a discreet provision in the midst of a multiplicity of interests and activities. Happy must be the nurses whom circumstances place in the midst of such resources.

There is an out-patient building, a surgical building containing operating rooms and clinics, a pathological building, a laundry, a shop, a superintendent's residence, and five wards to contain forty beds each. It would be impossible to describe in detail these ward buildings, with all their conveniences, their floors which are of linoleum laid in cement, their wonderful opportunities for placing patients in the open air, etc. The architects have did not forget to plan the doors of sufficient width to permit the passage of a bed. Ample opportunity for the inlet of fresh air and the outlet of the patients was in evidence everywhere.

While the space to be covered is great, one does not feel that one must travel to no purpose in getting about the buildings, because of their compactness and convenience. It is impossible in this small space to justly describe the buildings of brick and cement, of the Peter Bent Brigham Hospital, which was made possible by the munificent gift of one man. It is destined to be one of the interesting places of Boston, which nurses will do well to see.

While the buildings are full of interest, in their entirety as well as singly, the organization of the workers is none the less so. Dr. Herbert B. Howard, who has always been a friend of Massachusetts nurses, is superintendent of the hospital and has chosen Carrie M. Hall, a graduate of the Massachusetts General Hospital School for Nurses and late superintendent of the Margaret Pillsbury Hospital in Concord, New Hampshire, as the superintendent of the training school. Miss Hall took the year's course at Teachers' College, Columbia University, last year and has come to her new work with enthusiasm and advanced ideas for the instruction of nurses. Susie A. Watson, a graduate of Mt. Holyoke, of the Newton Hospital Training School for Nurses, and of the two years' course at Teachers' College, Columbia University, has been

appointed instructor in theory. Sally Johnson, a graduate of the Massachusetts General Hospital Training School, class of 1910, is to be instructor of practice. Helen Gross, a graduate of Johns Hopkins School for Nurses, who has had years of experience, will have charge of the surgical building and operating rooms. She will be assisted by Geraldine Martin, who is also a graduate of Johns Hopkins School for Nurses.

It is expected that there will be a supervisor of each ward building, with two graduate head nurses besides.

It is proposed that there shall be a four months' preliminary course for nurses, given at the hospital, but at this date the entire course is not planned. It would seem that we may safely predict a full measure of success for every department of this new institution. While not a part of Harvard Medical School, it is affiliated there for teaching purposes, and the nurses must necessarily receive their portion of benefit from the affiliation. Nothing can prevent their absorption of much from the very atmosphere in which they live.

Rarely can be seen such an assemblage of buildings, institutions, and schools in the one great competition of caring for the sick of to-day and of the future.

Besides these institutions mentioned, there are some four or five others almost within a stone's throw, but not belonging to this collection. Verily these are days of great opportunities. Surely a young woman may somewhere in these groups find just the one she seeks to fit her for her chosen work. Possibly Boston has in recent years lost some of her prestige as a center of education, but she certainly has some educational centers of which this is one.

SWITZERLAND requires her school children to be in the open air at least ten minutes out of every school hour.

A question that should be asked about the ventilating system of every school—Does it ventilate?

From "Schoolgrams," by Sherman C. Kingsley, Chicago.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

ORAL HYGIENE.—*The Journal of the American Medical Association* agrees in the opinion that diseased teeth and gums are a constant menace to health. If the mucous membrane of the mouth and gums is in a healthy condition it is almost impervious to infection, otherwise it becomes an avenue of infection. The germ of tuberculosis may enter through decayed teeth or infected pulp-canals. Primary tuberculosis of the mouth is not a rare disease. The septic mouth is a centre for the spread of the disease to others.

ALCOHOL IN PATENT MEDICINES.—*The Medical Record* says that over three hundred patent medicines in the shape of tonics, nervines, stomach bitters, etc., are now classed as alcoholic beverages by the Internal Revenue Department and taxed accordingly. The commissioner has recently added sixty to the list of so-called remedies which are not sufficiently medicated to render them disagreeable as beverages.

ANTISEPTIC POWER OF SOAP.—M. Pilod states in *La Presse Médicale* that it is unnecessary to sterilize soap by means of heat before use. It is sufficient to wash off the surface of the cake in order to dislodge mechanically the spores that may have accumulated there. For surgical antisepsis the bactericidal powers of soap cannot be relied upon.

TREATING TETANUS WITH CARBOLIC ACID.—*The Medical Record* advocates the treatment of tetanus after the Italian method by means of injections of carbolic acid. Bacelli gave subcutaneously injections of carbolic acid in 3 per cent. dilution frequently enough to make the quantity of pure phenol injected daily from 5 to 7.5 grains. Not the least thing in the favor of this treatment is its utter simplicity, permitting its use amid the most inadequate surroundings.

TREATMENT OF DOG BITES.—*The Journal of the Medical Society of New Jersey* says the dog should not be killed, but chained and kept under close observation for sixteen days at least. If he is infected with

rabies he will show symptoms in that time, and probably will be dead in ten days, as it is a fatal disease in animals. Pasteur treatment, to be effective, must be instituted in five days. The virus is harmless if given under antiseptic precautions, so it is better to run no risk, but give it even in doubtful cases.

THE SCIENTIFIC EMPLOYMENT OF PHYSICAL THERAPEUTICS.—Dr. Philip Marvel, in the *Journal of the American Medical Association*, urges the more frequent employment of massage, electricity, calisthenics, and hydrotherapy. He condemns the medical schools for not giving more efficient instruction in these lines. The hot drip blanket pack and the hot sea-water tub, covered, he considers valuable in cardiovascular diseases, and electricity as an aid for disturbances incidental to both functional and organic cases.

RELIEF IN TONSILLITIS.—*The American Journal of Surgery* says that irrigation of the throat with ice-water from a fountain syringe will relieve the congestion and pain in acute follicular tonsillitis.

PREVENTION OF OPHTHALMIA NEONATORUM.—A German medical journal recommends the use of argentum aceticum for the eyes of infants instead of the 2 per cent. solution of nitrate of silver commonly employed. The acetic silver solution 1–100, or 1 per cent., remains unchanged for a very long time, is much safer than the nitrate of silver, and the reaction following its use is much less.

LIGATURE OF THE UMBILICAL CORD.—*The American Journal of Surgery*, quoting the experience of a German obstetrician, says on the basis of 654 cases Müller concludes that one ligature to secure the umbilicus of the child, leaving the maternal side free, hastens the expulsion of the placenta. The great majority were delivered within fifteen minutes. The small size of the placenta permits the uterus to expel it more easily.

CANDY MEDICATION.—Dr. Bernard Fantus, in the *Journal of the American Medical Association*, describes his efforts to prepare medicine in the form of a palatable candy that will be taken by children without the struggling and resistance that do as much harm as the medicine can do good. He finds a practical form to be a rather highly compressed tablet made of finely powdered cane-sugar; to this is added a small quantity of cocoa butter to bind the ingredients. The flavoring is

sprayed upon the finished tablet by means of an atomizer. The tablets can be colored with carmine, malachite green, etc. Bismuth subnitrate, chalk, magnesia, reduced iron, aristochin, a comparatively tasteless form of quinine, sulphur and many other drugs have been thus disguised. To prevent the danger of children eating the candy indiscriminately, not more tablets should be prescribed than can be taken at one time without doing harm.

Diphtheritic Bacilli in the Urine.—*The Medical Record* states, as the result of the investigations of German physicians, that in about one-third of all cases of diphtheria virulent bacilli reach the urine and are often in position to propagate the infection. It should be carefully disinfected so long as the disease lasts.

Postoperative Hiccup.—In the *Journal of the American Medical Association* Dr. William F. Doolittle reports a case of hiccup, following an operation for appendicitis, which was relieved, and after four applications overcome, by the passage of the stomach-tube. Various remedial agents had been tried first—oil of amber, Hoffman's anodyne, ether sprayed on the epigastrium, inhalation of nitrate of amyl, counter-irritation over the diaphragm, holding the breath, psychic effect of fright, etc.—without apparent result.

Vomiting in Infancy.—*The Boston Medical and Surgical Journal* says that vomiting in breast-fed infants is probably due almost always to a too high percentage of fat, caused by overfeeding and lack of exercise on the part of the mother. Her daily life should be regulated and the milk diluted if necessary. In bottle-fed babies some cases result from giving too strong a formula at the time of weaning. Too frequent feedings and too high fat percentage may also be the cause.

Decline in the Birth-rate.—Sir Shirley F. Murphy, writing in the *Lancet*, expresses an opinion on this subject contrary to the one usually held. He says the evidence apparently indicates that the decline in the birth-rate has not been brought about voluntarily, but is due to natural causes. He questions whether any artificial measures could possibly have such wide-spread synchronous results as the decline in the birth- and death-rates. Another author, H. R. Jones, says that a low birth-rate tends to the birth of a larger proportion of girl babies.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

TABLE MANNERS OF NURSES

I

DEAR EDITOR: I have read "Observer's" letter in the September JOURNAL.

While attending the annual meeting of the American Nurses' Association at Chicago, I was at the reception given at St. Luke's Hospital; one of the recent graduates showed me through the nurses' home, and in the dining-room explained that at the first table on the left the officers ate their meals. Each table of pupil nurses had a nurse in authority, at the head of the table, and the pupils' table manners were under observation. This seems an excellent plan, for then those in authority know what kind of food the pupils are having, and how it is served; also, if a pupil is not eating, the reason can be inquired into, and perhaps a serious illness averted.

Since coming home I have heard of a smaller training school where the superintendent served each pupil nurse, having her own meals at a different hour.

S. J. C., R.N.

II

DEAR EDITOR: "Observer's" letter in the September issue has prompted me to write what has long been in my mind, but the courage has been lacking.

Do you not think if superintendents of nurses took time to teach their nurses refinement there would be fewer excuses for complaint? The cry will be raised, "Where in the time?—we are already overburdened." I can only say, "Where there is a will, there is a way."

The superintendent stands in the place of a mother to her pupils, and as a mother she can say and teach many things she could not otherwise. Many, many girls leave home while young, and are, therefore, very impressionable; they lack the restraining influence of home at the hospital, and unwittingly form unseemly habits. As an example, I will cite myself. At home I never dreamed of resting my elbows on the table while eating. During my first year of training I would go to the table so tired I didn't care whether I ate or not, and so lounged in a most doubtful manner. Miss was not an isolated case; no doubt the superintendent thought me a vulgar person, although I pray she didn't. After a year's absence I went home for a vacation, and at the first meal my mother said, "Pretty table manners you have learned at your hospital. If that is a fair example of what you learn, you had better stay at home." It hurt, doubtless, for I was, oh! so proud of "my" hospital, but it brought me up standing; still, it took me a long time to overcome the habit, and I doubt not I did other things just as bad.

We had one lecture during my training on "Ethics"; constantly the superintendent would step us in the halls or corridors and correct us on some failing.

My idea would be that the superintendent should make a note of all failings as she noticed them, and at the end of some class meeting have motherly, heart-to-heart talks with the girls. Don't pick one or two to scold; assume they are all liable to forget and make mistakes. Hold great and noble women, from all walks of life, before them as examples. They will probably not act as though they paid much heed to you at the time, but deep in their hearts you will have made a lasting impression, to bear fruit in after-years.

Rhode Island. JEANNETTE GARDNER HEATH.

CIVIL SERVICE AND POLITICAL INFLUENCE

DEAR EDITOR: I have been reading "The Awakening," by Nancy E. Cadmus, in the *July* JOURNAL, and though I agree with Miss Cadmus about registration and its good results, I am sure she did not take politics into consideration when she wrote the following: "Very few reputable physicians or hospitals are willing to employ any but registered nurses. These seeking positions on Boards of Health, School Board Nurses, and positions in the great industrial, social, and philanthropic schemes of the day quickly see the necessity of giving proof of their professional status."

The following is an incident that happened in this city very recently:

One thousand dollars was appropriated by the city officials to employ a Board of Health and School Nurse. She was to do tuberculosis work under the Board of Health when not busy with school work, the appointment to be made by the Board of Health, which is composed of three physicians. A Civil Service examination was held. There were four applicants, who were notified that they were eligible to enter the examination. Later the two who stood highest on the list, and who were hospital graduates, and also registered nurses, were disqualified as non-residents, and the third one was appointed, who, much to our surprise and indignation, is not a graduate nurse at all, but a practical nurse, who has been working in a Foundling Home where they give some kind of a diploma after eighteen months. Naturally she knows very little about general nursing, nothing at all about tuberculosis work, school work, district or social work. She told me she had seen a tuberculosis case, but said she had had lectures and knew the surgical technique, of course.

It hardly looks like a square deal with the people who are taxed to pay the salary, to say nothing of the patients, or the nurses who have spent years in preparation for this kind of work. But perhaps we should not look for a square deal from physicians, boards of health, or other organizations, if they are under political influence. It looks very much as though civil service were a farce.

S. C. E.

A VACATION IN PLATTE CANON.

DEAR EDITOR: Nestling down among the mountains of Platte Canon is the Blue Jay Inn, the holiday house of the Girl's Friendly Society of Colorado.

As we enter, three swings by the gate in Old World style the painted sign of the "Blue Jay." The wide porch, with its abundance of comfortable chairs and hammocks, invites us to rest awhile. Entering the hall we are charmed with the wide fireplace with the motto over the mantel, "The mountains also shall bring peace," and the clock with its garland of wild roses, and the words of Herd in quaint lettering, "Gather ye rosebuds while ye may," reminding us

that even here "Old time is still a-flying." To the right of the hall is a well-stocked library and a desk where one may write and browse in rest and quietness.

Among the everlasting hills, and with the lullaby of the creek in our ears, this is an ideal place to get one's tired body and nerves in shape for another year of work.

To the gracious Home Mother, with her quiet supervision of many things, her keen interest in you and your work, leaving you to your own divine ecstasies, yet planning for your comfort and pleasure, making her the ideal hostess, belongs much of the pleasure of your vacation.

It was our privilege to be the guests of the Inn over Sunday, and the morning service at the "Little Chapel among the Hills," with the beautiful service of the Episcopal Church, and the vision of the mountains in the sunlight, and the singing of the birds, is a memory that will linger long with us.

To those who desire to tramp among the mountains there are trails in abundance, and in that clear atmosphere the view, when one reaches the heights, is beyond any description.

To the woman who is a disciple of Izaak Walton there is the fascination of casting for delicious brook trout in the Platte River. All this and more in the way of drives through beautiful mountain scenery may be had on your vacation in Platte Canon.

MARIE C. BRADSHAW.

JOURNALS NEEDED AND ON HAND

DEAR EDITOR: To complete Vol. I of the AMERICAN JOURNAL OF NURSING, the following numbers are needed: vol. i, Nos. 7 and 9. There are also the following duplicates on hand: vol. vi, Nos. 4 to 12; vol. vii, complete; vol. viii, Nos. 1, 2, and 4 to 12; vol. ix, Nos. 1, 2, and 3. These can be exchanged for those necessary to complete vols. i and xii or purchased if desired. Address all communications to Clarence W. Sumner, Librarian, University, North Dakota.

STOCK DIAPERS

DEAR EDITOR: In answer to the question in regard to Stork sheeting in the September JOURNAL, I would say: Good stork sheeting differs from rubber sheeting in that it does not cause perspiration, which is the great objection in using the ordinary rubber sheeting. Little drawers of Stork sheeting can be bought or made to be worn outside of the diapers and are a great comfort when a baby is held on the lap or when creeping on the floor. The only danger is that a careless person might not take pains to see that the baby is kept dry on account of the extra protection, but if the little one is placed on the chair just as often and has the diapers changed as soon as wet, there is no harm in using the Stork sheeting, even for small infants.

Stork sheeting drawers should not be left on when the baby is put to sleep, and they should always be kept perfectly clean and free from odor. Two pairs should be in use, so they can be washed and aired frequently.

B. H., R.N.

AROUND-THE-WORLD LETTERS

DEAR EDITOR: The trip from Japan to Honolulu was uneventful, except for some heavy rollers, left over from a storm which the ships coming the other way had encountered, and the rumor about the ship that a man had taken

another steamer from Japan because a fortune-teller had told him that the *Cleveland* was going to sink two days before reaching Honolulu. We safely survived the rollers and the rumor, even indulging in a delightful masquerade ball, and arrived in sight of our beautiful Hawaii on the morning of January 24. The weather was that of one of our most enticing May or early June days. After taking on the pilot we came slowly into this beautiful harbor, where so many ships are anchored, with four of our own battleships in a row at the dock, all swarming with our American jackies, crowding to the rail to see us come in. It seemed as though we were coming a bit too close to the *Colorado*, and, sure enough, we scraped her gun, while her commander rushed out to protest his proprietor, with shouts and strong language. We never learned until some time later that the pilot fell at the wheel, dying a few minutes after of apoplexy, so our own captain backed us off and took us safely to the wharf. It might have been a very serious thing. As it was, it was only sad for those most nearly concerned, for this memorable visit to Hawaii began and ended with flowers.

It is an old custom in this sunny land to welcome guests with a rope of flowers called a lei (pronounced lay), which is hung like a necklace around the neck. Although we had been told about it, and had been requested not to be ungracious about wearing them, we were not prepared for the charming sight of many young men and girls dressed in light summer clothing simply loaded down with these leis, giving them to every passenger. Men, women, and children were them on their hats, around their necks, and around their waists. Strange how the things that make women more charming make the men look absurd! But they cheerfully looked ridiculous for the sake of courtesy. I have never seen such attractive garlands, and the work involved in making them must have been tremendous. Carnations were stripped of their stems and were strung through the centre;—there were kukuangaua, lilies, asters, and many others unknown to me. I joined a group of five most agreeable people for an automobile trip around the island—Oahu—ninety miles. The road in most places was wonderfully smooth; frequently it ended abruptly in a meadow, where we rolled over the green turf. Honolulu itself is the cleanest garden of a town—streets wide and well-kept, residences standing back from the street, with sweeping driveways shaded by the stately, regal palm, every verandah a bower of ferns, and the chief division of property a hibiscus hedge, which flourishes with a profusion of colors. A pale-blue morning glory, which was still wide open at noon, travelled along on each side of the road for miles, forming a border of delicate beauty. The mountains are precipitous, with sharp points piercing the blue sky. We first visited the Pali, a winding road up the mountain to the precipitous cliff where, at one time, three thousand men were forced over the edge to a quick and horrible death. After coming down we rode through miles of sugar cane, with its graceful ribbon leaves and plume-like flowers; then came miles of orderly rows of pineapples, with their fruit studding the stiff green plants. We had lunch at a hotel called Halekiwa, which means House Beautiful, and so it was, with wide verandahs where we ate such food as you get at home, and such pineapple as you never get at home—so delicate that it melts on the tongue.

CHARLOTTE EMERSON.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

RED CROSS ANNUAL MEETING

By Act of Congress, the date for holding the annual meetings of the Red Cross has been changed to the Wednesday preceding the second Thursday in December. This year the annual meeting will fall on December 11.

REPORT OF NURSES' RELIEF FUND, OCTOBER 1, 1913

Previously acknowledged	$2091.04
Johns Hopkins Hospital Alumnæ Association	5.00
Georgia State Graduate Nurses' Association	15.00
Mrs. Hanaman, University of Pennsylvania Alumnæ Association	5.00
Miss A. W. Goodrich	10.00
Indiana State Nurses' Association	25.00
Michael Reese Hospital Alumnæ Association, Chicago, Ill.	10.00
Hospital of Good Shepherd Alumnæ Association, Syracuse, N. Y.	50.00
New York Post Graduate Hospital Alumnæ Association, New York City.	25.00
Balance October 1, 1913	$2736.04

All contributions should be sent to Mrs. C. V. Twiss, R.N., treasurer, 410 West 146th Street, New York City, and checks made payable to the Farmers' Loan & Trust Company, New York.

Address all inquiries to L. A. Gleaves, R.N., chairman, S. E. corner 39th Street and Powelton Avenue, Philadelphia, Pa.

THE RELIEF FUND CALENDAR

The American Nurses' Association is preparing a calendar for 1914 to be sold for the benefit of the Nurses' Relief Fund. The object of this fund, as is known, is to provide financial aid and other relief in time of need. This calendar, which is suitable for the general public as well as for nurses, will be ready for distribution November 10, 1913. Price fifty cents. When ordered by mail, postage seven cents additional.

The committee has endeavored to secure nurses in several places in each state to take charge of the selling of these calendars, and it is hoped each state will make a special effort to sell as many as possible. In addition to the list published in the October Journal, the following have kindly promised to take charge of the selling of this calendar:

Colorado, Mary E. Eyre, R.N., 1949 Pennsylvania Ave., Denver; Miss Hargrave, Denver Nurses' Directory, 1115 E. 6th Ave., Denver.

District of Columbia, Registered Nurses' Club, 1207 K St., N. W., Washington.

Georgia, Miss M. A. Moran, R.N., Registry for Nurses, Augusta.

Illinois, Minnie H. Ahrens, Room 888, 104 South Michigan Avenue, Chicago.

Indiana, Laura R. Logan, Hope Hospital, Fort Wayne; Edna Humphrey, R.N., Crawfordsville.

Kentucky, Miss J. O'Connor, Nurses' Central Directory, 922 South Sixth Street, Louisville.

Louisiana, Mrs. Lydia Breaux, The Goodwin Register, 1517 Antonine Street, New Orleans.

Maryland, Miss A. M. French, Johns Hopkins Nurses' Club and Registry, 219½ East North Avenue, Baltimore.

Michigan, Wayne County Nurses' Association, 33 High Street, East, Detroit; Mrs. Susan F. Apted, 40 Ransom Avenue, Grand Rapids.

Mississippi, Leola Steele, 416 S. Commerce St., Natchez.

Missouri, Mrs. D. Whitmer Central Directory, 916 E. 8th St., Kansas City.

New Hampshire, Ida A. Nutter, R.N., Franklin Hospital, Franklin.

New Jersey, Mrs. Mary E. O'Neil, R.N., 711 E. 18th St., Paterson; Mary E. Rockhill, Nurses' Directory, 754 Wright Avenue, Camden.

New York, Gertrude Monfort, R.N., Nurses' Central Directory, 45 S. Union St., Rochester.

North Carolina, Mary Rose Batterham, 74 Hillside St., Asheville; Anna Ferguson, Long's Sanitarium, Statesville.

North Dakota, Bertha Erdmann, R.N., Red Wing, University North Dakota; Emily Holmes Orr, R.N., 607 Cottonwood St., Grand Forks.

Ohio, Mrs. Jennie L. Tuttle, District Nursing Association, 276 E. State St., Columbus; Isabel Harroun, 1711 Cherry St., Toledo; Miss M. A. Lawson, R.N., City Hospital, Akron; Katherine Ellison, Cincinnati Hospital, Cincinnati.

Oregon, Jane Doyle, R.N., 674 Kearney Street, Portland.

Pennsylvania, Miss W. Duncan, Directory for Nurses, 43 Fernando Street, Pittsburgh.

Rhode Island, Elizabeth F. Sherman, Central Registry for Nurses, 24 George Street, Providence.

Tennessee, Viola H. Barnes, R.N., 118 Eighth Avenue, North, Nashville.

Texas, A. Louise Dietrich, R.N., St. Mark's Hospital, El Paso.

Virginia, Florence Black, R.N., Nurses' Settlement, 223 South Cherry Street, Richmond.

Vermont, Clara J. Churchill, Mary Fletcher Hospital, Burlington.

The calendar, or information regarding it, may be obtained from the headquarters for distribution, L. A. Giberson, R.N., Philadelphia Club for Graduate Nurses, 1530 Arch St., Philadelphia, Pa.

REPORT OF THE THIRD ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR THE STUDY AND PREVENTION OF INFANT MORTALITY

The third annual meeting of the American Association for Study and Prevention of Infant Mortality met in Cleveland from October 2 to 5.

Wednesday afternoon there was a meeting of the executive committee and also a meeting of the Directors. At 8.15 P.M., in the Auditorium of the Engineers' Building, the meeting was formally opened. The Right Reverend Wm. A.

Leonard, D.D., Bishop of the Diocese of Ohio, gave the opening invocation. The address of welcome was given by Mayor Baker, of Cleveland. Mayor Baker, in his usual cordial manner, welcomed the delegates, not only in behalf of the citizens of Cleveland, but also in "behalf of the unborn babies," in whose interest this body of scientific men and women had gathered.

Dr. Orvey L. Wilbur, president of the association, in his address, placed the complete and thorough registration of vital statistics as essential in the reduction of infant mortality, and gave, as other and most important aids, maternal nursing of babies; pasteurization of all milk; enforcement of standard rules for the control of milk; full publicity regarding milk supplies; better training for physicians in the practice of obstetrics; instruction and control of midwives, with or without a view to their possible abolition. Dr. Jacques Bertillon, chief of the Bureau of Statistics, Paris, France, read a paper on "Puericulture Asceptique." Julia C. Lathrop, of The Federal Children's Bureau, of whom all are so proud, told of some of the plans and hopes of that bureau and of her earnest desire to have a complete and thorough registration of all births in order that they may see that each child receives the full amount of schooling due him.

October 3, at 9.15 A.M., the instructive leaflet and booklet, prepared by a committee, of which Dr. E. J. Gautenberger is chairman, was continued. The leaflet and booklet was prepared with a view of standardizing the teaching of mothers throughout the country. At the close of the last session of this conference, the leaflet and booklet was adopted. Copies will be printed by the association and sold at cost to other organizations. They must bear the name of the association, but local organizations may use their own imprint upon them.

The meeting on Birth Registration followed this. Dr. Wm. H. Davis, Vital Statistician of Boston Health Department, said that at present children are not in fashion, that the majority of married people do not want large families, but the need of prevention of infant mortality is being felt the world around, and the time is not far hence when to avoid motherhood will be considered a disgrace. During the discussion that followed the papers on this subject, Dr. Bertillon said he felt that the cause of the small family or the childless home was that women prefer to live an idle life. His statement was immediately challenged by Professor Abbey Marlett, of the University of Wisconsin, who spoke, what many of us felt, that the lack of children in the home is more often than not resented by the parents, and from no fault of the women is she denied the privilege of motherhood. Papers were also read on "The Legal Importance of Birth Registration" and "The Importance of a Standard Certificate of Birth."

The first part of the afternoon meeting was devoted to Eugenics. Professor E. R. Jordan, of the University of Virginia, was chairman. The subjects on which papers were read were, "The Eugenical Aspect of Infant Mortality," "The Significance of Heredity," "Infant Mortality in Relation to the Hereditary Effects of Tuberculosis, Syphilis, and Venereal Disease." Dr. William Wallin, in his paper on "The Hygienical and Eugenical Aspects of Infant and Child Orthogenesis," said that in all human orthogenesis endeavor, there are three things at which we must aim: the saving of all born babies, fit or unfit, from premature death; the highest possible mental and physical improvement of all children; and the elimination of unfit stock. The work must be essential,

corrective and preventive, and must rest upon control of birth environmental and hereditary factors. The programme of the work should be to organize it on a community basis. The child should be supervised during all the growth period. Every child when entering school should be examined by an expert psychologist and by a physician, and should receive a systematic health education. Those found mentally incompetent should be separated from the others, and these children should have specially trained teachers.

The latter part of the afternoon was devoted to the subject of "Continuation Schools." Dr. Helen C. Putnam, of Providence, R. I., was chairman of this meeting. In her opening address Dr. Putnam said that in the meeting of the previous year, the education of the women and girls in continuation or part-time schools was considered. This year, work of men and boys was to be considered through continuation schools and classes, including those intended to increase the wage-earning capacity, in responsibilities and duties of home matters other than supplying money; elements of house planning and maintenance, of expenses, first aid, contagious disinfection, repairing furnishings and clothing; the elements of pure food and dietary principles, home gardening and beautifying. Mr. C. A. Prosser, secretary of the National Society for the Promotion of Industrial Education, and a member of the State Board of Education, Boston, Mass., gave the first address. He suggested that this work could best be carried out in educational centres, entertainments, moving pictures, and stereopticon views and lectures. He did not approve of giving the men and boys systematic instruction in home making, though they might be taught it in various ways that might be attractive to them. Mr. C. P. Cary, state superintendent of public instruction, Madison, Wis., said that if we want to have successful homes we must teach our women how to carry on the home, and our men how to support it. In the continuation schools in Wisconsin, they are planning to give a course in sex hygiene. He said that the ignorance of people at large made it difficult to get instructors able to teach this subject; that he had asked several women who, he felt, were able to plan such a course, to prepare a course of twenty-five lessons, which was to be used in these schools.

At the evening meeting, Professor Jordan gave a most interesting address on "The Heredity of the Human Thoroughbred." He said that the idea of good stock and noble breeding may be discerned in a more or less clear form in every age. Only about 12 per cent. of the present generation produces 50 per cent. of the next. Heredity comes first, but environment is essential and must be made as good as possible. The general public must be educated. There must be a complete and centralized system of gathering material; restriction must be placed on marriage; there must be sterilization of criminals. There should be state laws regulating this, and a federal law similar to the state laws.

Mr. Jeanette Lane-Claypon, of the Lister Institute of London, England, gave the other address of the evening. Dr. Lane-Claypon was one of the most interesting speakers of the conference. She chose as her subject "The Health Age." She said that if we are going to live and going to prosper, we must learn how to keep ourselves and the coming generations. It is not of much use to look after children unless you can persuade the mothers to look after them, too. In London they have been very successful in schools of sewing and cooking for mothers. At present they are contemplating schools for fathers. They have in England a "Notification Birth Act," which requires that all births must be

reported within 36 hours. The Act was made voluntary, but as a custom or locality has taken it up, the reporting has been practically universal. The Act has formed a basis of a vast amount of work; has led to the establishment of a complete system of looking after the infants. They have examination stations, and visitors are appointed who look after the health and feeding of the infant.

Friday, October 4, the first session was on "Progress in Preventive Work." Dr. M. J. Exner-Isenberger, of Cleveland, was chairman. Dr. J. P. Sedgwick, of Minneapolis, read the first paper, which was on "Maternal Nursing." He said that he was forced to the conclusion that the number of mothers who can nurse their babies can be increased. The mother must have good nourishment and good care during pregnancy, and must be encouraged that she can nurse her baby. The mother's comfort should be considered by lengthening the period between feedings and making shorter the period at the breast, fifteen to twenty minutes being long enough. After that time the baby gets little milk. Long periods of nursing often cause fissured nipples. Pregnancy does not require that the mother should immediately take the baby off the breast because it is felt that the mother's milk is poor. The quality of the milk cannot be determined by one examination, but several examinations must be made and at different times during the day. If necessary one can supplement the breast by giving artificial feeding after each breast feeding.

In the discussion following, Dr. Holt, of New York City, said that the majority of mothers would not nurse their babies if not advised to do so by a physician or nurse. Dr. Henry F. Helmholz, Director of the Infant Welfare Society of Chicago, read a paper on "The Pasteurization and Sterilization of Milk." He said that it has been found by repeated study that pasteurization does not harm the milk; that without pasteurization, giving the very best milk we can obtain, we are running danger of giving the child tuberculosis. We should get as clean milk as possible and then pasteurize it. During the discussion, Professor Winslow said we are more and more coming to feel there is no such raw milk. The best and safest way is to pasteurize it in the final package. It was thought for some time that rickets and scurvy were caused by boiling milk. It has, however, been proven that such is not the case.

This session was followed by one on Midwifery. Papers were read by Dr. Charles Edward Ziegler, medical director of the Elizabeth Steel Magee Hospital, Pittsburgh, on "The Elimination of the Midwife," and by Dr. George W. Kosmak, attending surgeon, Lying-In-Hospital, New York, on "Does the Average Midwife Meet the Requirements of a Patient in Confinement?" Both papers condemned the midwife and expressed the feeling that she should be eliminated as soon as possible. This, however, cannot be done at once, and in the meantime she should be given a certificate, not a license. Dr. Ziegler urged the better training of physicians for obstetrical work. He stated the needs of more maternity hospitals and clinics with outdoor departments. He said the same now confined by midwives were needed for this clinical work. He urged the necessity of careful supervision of each case during pregnancy and the frequent examination of the urine, neither of which duties a midwife is capable of executing. There was much discussion during this session. Dr. Josephine Baker, of New York City, told of her work in connection with midwifery there. She said the work was not just as they would wish it, but there were many capable midwives, and under supervision the work was better done than would be by

many of the physicians into whose hands these cases would fall. Dr. Baker feels that the midwife is essential in New York City.

In the afternoon the meeting was opened with the section on Housing. The chairman of this meeting was Professor C. E. A. Winslow, of New York. There were papers by Dr. G. V. Chapin, of Providence, Dr. Heimbein, of Chicago, and Dr. J. H. Mason Knox, Jr., of Baltimore. This committee was concerned with the wholesomeness of the house and surroundings, and excessive room temperatures. German workers have found that over-heating is one of the principal factors in the summer death rate of infants. The child may, to a great extent, be protected from over-heating by proper care, clothing, and bathing.

The section on Nursing and Social Work followed this. Miss Nutting, chairman of this section, was unable to be present, and Miss Fahy, acting chairman, presided. Dr. John Lowman, president of the Anti-Tuberculosis League, Cleveland, read a paper on "The Public School Nurse and the Infant Mortality Problem." The prenatal work of the St. Louis Visiting Nurse Association was presented by Margaret McClure, superintendent of nurses. Miss McClure feels that prenatal work, the care of the mother during the lying-in period, and the after care of the baby, should be done by one nurse. The education of the mother in the care of herself and the baby is a strong weapon in the reduction of infant mortality. Miss F. Preese, of Hartsdale, N. Y., in a most interesting manner told of the work at the Caroline Rest and School for Mothers. The capacity of this school is thirty mothers. Since the beginning of the course, it has been almost entirely remodelled and built up around the questions the mothers ask. Sewing and cooking, the care of the baby and home, are taught. A certain amount of time is spent in the woods and out doors, and the mothers are interested in the birds, trees, and flowers. Two weeks is an average length of time for the mothers to stay at the home. They are also training women for domestic work. Myra Brockett, of the United Charities of Chicago, told "What the Day Nursery can do in Special Work for Mothers and Children." The original object of the day nursery was to give daytime care to the child of the mother who was compelled to go outside of the home to work, but this has broadened out until it now includes the training of the child, in proper habits of eating, sleeping, and play, and his further education in kindergarten, clubs, and classes. The mother is also given more thought than formerly, and aside from her personal help through her visits to the nursery, the education of her children there brings much help into her home.

In the evening, Dr. Helen C. Putnam gave an address on "Better Parents of Better Children." Dr. Putnam urged the segregation of the feeble-minded, the insane, the criminal, and alcoholic into separate communities. Many of the communities could be made self-supporting and the people could have the joys and comforts of life. She feels that sex hygiene, in its broad sense, should not be taught in the schools, but she would introduce elementary biology, the science of living things, and gradually advance through the animal and vegetable kingdom, touching the science of the "renewal of life." Home-making classes for girls should be established in elementary schools, and every girl applying for work should be required to have a certificate from this department. Dr. Emmett Holt, the honorary president of the convention, told of "The Importance of Hospitals for Infants and Their Part in the Reduction of Infant Mortality."

Dr. Holt says our activities must be statistical, preventive, and curative. There is need of a publicity department which shall bring the work before the public. We must obtain the co-operation of the municipal authorities for pure milk, pure water, and better housing conditions. We must have better labor laws, which will take into consideration the proper care of the nursing mother and the prospective mother. We must have the help of sociologists, nurses, and social workers. We must have special baby hospitals where physicians, nurses, and nursery maids may be trained so that the public may be educated through them.

Thursday, from 5.30 to 7.00 P.M., the Board of The Babies' Dispensary and Hospital gave a reception to all delegates and visitors. On Saturday, visitors were shown the work in the Prophylactic Dispensaries, which are supported by the Board of Health, the work in the day nurseries, and the certified milk farms and the Cooley farms. On Saturday afternoon, from 2.00 to 3.00, the nurses of the Child Hygiene Department of the Board of Health, and the nurses of The Babies' Dispensary and Hospital, gave a tea at the Dispensary for all out of town and Cleveland nurses. AUSTA W. ENGEL.

INTERNATIONAL CONGRESS ON HYGIENE AND DEMOGRAPHY

THE MEETING OF THE FIFTEENTH INTERNATIONAL CONGRESS ON HYGIENE AND DEMOGRAPHY, held in Washington, September 23-27, was a great success in spite of the torrents of rain which fell every day of the Congress. The sessions were held twice daily, simultaneously, in two large public buildings in the Mall, while the exhibits filled a third large building. It is believed that 10,000 foreign and American visitors were in Washington, while there are no figures to show the attendance on lectures or exhibit. The exhibit was very similar to that of the Tuberculosis Exhibition of 1908. Many nations and many of our states were represented by pictures, maps, charts, apparatus, and object lessons in the saving and improving of human life and the betterment of social and living conditions. The Congress was divided into sections dealing with care of children, reduction of infant mortality, conservation of human efficiency, occupational diseases, sanitation, preventive medicine, dietetic hygiene, microbiology, state and municipal hygiene, traffic hygiene, military, naval and tropical hygiene, the medical inspection of schools, and many other separate subjects.

Space forbids mention of more than the chief speakers and addresses, but we mention the following: Dr. Zahn, of Munich, on workingmen insurance; Dr. Chancellor, on marriage tendencies of immigrants and the results; Dr. Bailey Ashford, on hook worm disease in Porto Rico, with some cases found in Washington City; Dr. Loeffler, of Germany, on sewage and garbage disposal; Dr. Seidelin, of England, on his discovery of the specific germ of yellow fever, and the resulting debate over yellow fever in the Panama Canal Zone; Dr. Phelps, on infant mortality, and bottle feeding compared with maternal nursing; Dr. Pease, on oysters as disease carriers and a discussion on the house fly as a disease carrier. The discussions in the microbiological section touched on intestinal bacilli, food poisoning, meat and milk supplies, examination of market milk, etc. In the section on children, Dr. Elnora Pellmer gave a brilliant address before a large mixed audience of profession and laity on teaching children the origin of life. Some of the most interesting work of the Congress was done in this section, in the testing of mentally deficient, normal, and abnormally

bright children—with studies of their ancestry, home life, diet, etc. These demonstrations were crowded with parents, teachers, juvenile court workers, etc., and the interest was so great that it was impossible to complete all the tests and demonstrations planned.

In the section on preventive medicine probably the most interesting discussion concerned infantile paralysis, Dr. Rosenau, of Harvard, claiming that it is spread by stable flies (not house flies). Dr. Rosenau has a series of experiments to support his discovery, which scientists consider highly important. The last two days were especially full of interest. Dr. Wagener, of New York, and Dr. Barker, of Baltimore, spoke on modern eugenics, sex hygiene, reduction of defectives by prevention of marriage of the unfit; Dr. Kelly, of Baltimore, spoke on the social evil, social diseases and white slave trade; eminent men here and abroad spoke on the influence of alcohol in producing physical and mental disease. Nathan Straus, of New York, so long active in furnishing pure milk to babies of many cities, made a long and stirring address on a good milk supply and its influence on and benefit to the babies of the world. Titles of other papers were: Physiology of Exercise; Influence of Exercise on Nervous System; Exercise and the Respiratory System; Influences Affecting Muscular Strength; Prevention of Arteriosclerosis and Heart Disease; Training of Nurses and Midwives; Age Problems in Industrial Hygiene; Child Labor; Effects of Monotonous Toil on Adolescence; Tenement House Manufacture; Relation of Alcoholism to Accident, Disease, and Mortality; Diseases Communicated through Traffic; Supervision of Tuberculous Immigrants; Protection of the Family; Divorce; Tuberculosis Vaccination; Occupational Hygiene; Industrial Strain and the Health of Working Women; Factory Labor and Infant Mortality; Ventilation; Organic Matter in Expired Air; Vaccination against Typhoid in the Army; Education of the Feeble Minded.

No mention can be made of numberless social and scientific entertainments which drew the multitude of interested visitors nearer together. We would be glad to give our readers a fuller idea of the Congress, but our chief object is gained if we awake among all nurses a renewed resolve to attend similar inspiring meetings whenever possible. RUTH BREWSTER SHERMAN, R.N.

NEW HAMPSHIRE

Franklin.—THE FRANKLIN HOSPITAL held graduating exercises for the class of 1912, on the afternoon of October 11, in the hospital. There were two graduates. A reception followed the exercises.

VERMONT

THE VERMONT BOARD OF REGISTRATION OF NURSES will hold the fourth examination for applicants for registration at Waterbury Inn, Waterbury, Thursday, Nov. 14, 1912, at 10 A.M.

Application blanks may be obtained from the secretary, E. Myrtle Miller, St. Johnsbury.

MASSACHUSETTS

Boston.—THE BOSTON NURSES' CLUB, 600 Boylston Street, has enlarged its quarters by the addition of two suites in the adjoining building. The results of the last year have been so satisfactory that the executive committee was encouraged to offer the many privileges of the Club to a larger number of

nurses. The suites were ready for occupancy in October; doors have been cut to give free entrance into the club-rooms. The usual monthly lectures will commence in November, the president, Dr. Conant, giving the initial one of the course. Others will be: "The Evolution of the Trained Nurse," Dr. Robert M. Merrick; "The Trained Nurse as a Practicing Midwife," Dr. James Lincoln Huntington; "Social Diseases," Dr. Lucia Vickery; "Prenatal Side of Obstetrics," Dr. John B. Swift, Jr.; "Travel Sketches," Dr. Robert M. Green.

MASSACHUSETTS GENERAL HOSPITAL GRADUATES are reported as filling the following positions: Florence B. Bridge, Byrn Mawr Hospital, Pennsylvania; Annie L. Clark, medical social service, Union Hospital, Fall River; Helen Stockton, David Gregg Hospital, Canton, China; Katherine Sullivan, Hotchkiss School, Lakeville, Conn.; Mary J. McKay, instructor, Mabel Craig and Mysie Macdonald, assistants to the superintendent, Holyoke Hospital, Holyoke, Mass.; Jessie L. Brown, superintendent of nurses, Pennsylvania Hospital for the Insane, Philadelphia; Melissa Cook, superintendent, Melrose Hospital; Alma Grant, superintendent, Quincy Hospital; Leona E. Forsyth, superintendent of nurses, Children's Hospital, Portland, Maine; Sally Johnson, instructor, Peter Brigham Hospital.

CONNECTICUT

Hartford.—THE HARTFORD HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its annual meeting at "Bowfield," Windsor, on October 10, Miss Russell, presiding. The reports of the various officers were read and accepted. Three new members were elected. The following officers were elected for the coming year: president, Alice M. McCormac; vice-presidents, Mrs. Burton Ellis, Janet A. Campbell; treasurer, Lucy Way; recording secretary, Minnie E. Hollis; corresponding secretary, Sara A. Carroll. It was decided to hold all meetings in the future at Center Church House. Miss Isabel Shannon was appointed chairman of the entertainment committee. Hannah L. Russell was appointed chairman of the programme committee. Miss MacGarvy was hostess during the social hour.

NEW YORK

New York.—THE NEW YORK COUNTY NURSES' ASSOCIATION will hold meetings Tuesday evenings at eight o'clock, on the following dates: January 7, April 1, and June 3. On the evening of October 1, the quarterly meeting was held at the Central Club. The address of the evening was made by Dr. James J. Walsh. His theme was one in which he is thoroughly at home, "The Development of the Thirteenth Century," and his address should curb some of the twentieth century self-complacency and pride, and serve as a stimulus to his hearers to acquaint themselves with the great things accomplished so long ago.

THE MANHATTAN AND BRONX ASSOCIATION OF GRADUATE NURSES will hold meetings at the Central Club for Nurses, on Monday afternoons at 4.30, on the following dates: November 11, December 9, January 13, February 10, March 10, April 14, May 12, and June 9.

THE GUILD OF ST. CATHERINE is a recently organized society for Catholic nurses, graduates or under-graduates, from training schools of recognized standards. The association has for chaplain-general, Cardinal Farley, under whose patronage the society was inaugurated; and for chaplain, Rev. William B.

Martin, S.T.L. Meetings are held at Cathedral College, 462 Madison Avenue, on the fourth Monday of each month, at 8 P.M. Membership in the association may be active, associate, and honorary. Applications may be sent to Nora Charles, R.N., acting treasurer, 54 East 50th Street.

THE BROOKLYN ALUMNÆ ASSOCIATION resumed regular meetings September 10. Previous to the regular meeting an adjourned annual meeting was held, at which new by-laws were adopted by a majority of the members present. At the June meeting Miss Rhodes, who has represented Bellevue on the governing board of the Central Registry, was appointed to succeed herself and will serve for the next two years.

Miss Dunbar has been appointed official delegate to the state association. On September 21, Miss Noyes read a paper on the training of midwives at the Congress of Hygiene and Demography held at Washington. Miss Nash, for the past four years superintendent of nurses at Fordham Hospital, has been called to the Church Home Infirmary in Baltimore, Md., and assumed her duties October 1.

Mrs. PAUL CAZENO, until recently supervisor of nurses in connection with the New York Milk Committee, has been appointed directress of nurses at the Women's Hospital.

St. Luke's graduates of the last class are reported as follows: Miss C. L. Thompson is assistant in the training-school office; Mary Wilson has had charge of Ward III for a time; Irene Watson is engaged in private duty. Miss Tobias has a head nurse position. Helen L. Bridge holds the school scholarship for this year in Teachers College.

EVA MOSHER, R.N., a graduate of the Presbyterian Hospital, New York City, has become superintendent of the training school of Mt. Sinai Hospital. Miss Mosher has for five years been superintendent of nurses at the Buffalo General Hospital.

MT. VERNON.—EDNA B. UNDERHILL, R.N., class of 1904, Flower Hospital, New York City, has given up private nursing and is doing school nursing and child welfare work in this town under the Board of Education.

Albany.—THE HUDSON VALLEY ASSOCIATION FOR GRADUATE NURSES met in this city on September 14, with Miss Goodrich. Twelve members were in attendance and a number of questions relating to training-school work were discussed. A social hour followed.

Buffalo.—THE HOMEOPATHIC HOSPITAL has enlarged the quarters for its staff of nurses by the lease of a dwelling house next to the one occupied by them. Dorothy Hastings, a graduate of the Boston City Hospital, is in charge of the nurses' home. At the annual meeting of the alumnæ association in June, Mrs. Gertrude T. Boswell was elected president, and Mary L. Drake, corresponding secretary.

NEW JERSEY

THE BOARD OF EXAMINERS met on September 15 to consider applications which had been received for registration without examination.

PENNSYLVANIA

THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its annual meeting in the Chamber of Commerce, Erie, Wednesday, Thursday, and Friday, November 13, 14, and 15, 1912. Owing to the late arrival of the

morning trains, the first session will be held Wednesday afternoon, November 13, at one o'clock. On Thursday morning, Katharine DeWitt will speak on "The Private Duty Nurse's Share in the Public Health Campaign." On Thursday afternoon there will be a Round Table to discuss many subjects of interest to nurses, such as, superintendents, private nursing, Red Cross, school nursing, tuberculosis. Hotel accommodations: Read House, European plan, rooms $1.50 to $2.50 a day; Fisher Hotel, American plan, $2.00 a day. A cordial invitation is extended to nurses and to the general public to attend the meetings.

Mary S. Sims, R.N.,
Secretary.

Philadelphia.—The Mount Sinai Hospital Alumnæ Association resumed its regular monthly meetings on September 27, in the apartments of Agnes Nolen, directress of the school, the president, Stella Robinson, presiding. Plans for the graduation exercises, to be held on October 9, at the New Century Drawing Rooms, were discussed, and the members all expressed their willingness to assist. The four graduates were admitted to the association. After refreshments were served the meeting adjourned to meet again on October 25.

The Day Camp for tuberculosis patients which is located on Pier No. 26, south, on the Delaware River, has had an average of twenty-five patients daily since May. All have milk and eggs twice daily, and a regular dinner at noon. Temperatures are recorded each day, and patients are weighed once a week. Some have gained several pounds and all have been benefited. Private contributions provide the fund. The use of the pier was donated by Mr. Moyle, of the Independent Pier Co. The camp is under the direction of Dr. Francine, of State Dispensary No. 21, and is in charge of Katharine Flynn, R.N., graduate of the Jewish Hospital.

The Alumnæ Association of the Training School of the Hospital of the University of Pennsylvania held a very interesting meeting on October 7. Some important changes were made in the by-laws. Two new members were accepted and one old one reinstated. It was decided to transfer $100 from the Alumnæ Fund to the Endowed Room Fund and to present $100 to the Philadelphia Club for Graduate Nurses. Officers for the year are: president, Frederika Stock; vice-presidents, Mrs. Lucie Irwin, Maude E. Moss; treasurer, Lydia A. Gibersen; secretary, Marie Rose; directors: Ida M. Southard, Laura E. Beitel, Mary A. Baker, Sabina Kehr, Alice M. Shepherd, Elizabeth Culbertson.

Katharine Dempsey, graduate of the training school of the University Hospital, has resigned her position as superintendent of nurses at the McKeesport Hospital, and accepted a position in the Presbyterian Hospital, Pittsburgh.

The Nurses' Alumnæ Association of the Woman's Hospital held its October meeting in the parlors of the hospital, on October 8, with ten members present. Anna T. Phillips, of Tacoma, Wash., a graduate of the class of 1909, gave an interesting talk on her work in the West. Dr. Seabrook, who was present, gave a talk on registration. A social hour followed the meeting.

White Haven.—The White Haven Sanatorium Training School graduates of the class of 1912, at a meeting held on September 7, organized an alumnæ association, the purpose of which is to form a national organization for tuberculosis nurses. The following officers were elected: president, Mary A. Geary; vice-president, Hilda Dunker; secretary, Lillian B. Noone; treasurer, Mary C. Hanlon. Meetings will be held annually.

MARYLAND

Annapolis.—The Emergency Hospital has as superintendent Alice Bell, class of 1907, University of Maryland Hospital; May Steiner, class of 1912, has charge of the operating rooms.

NORTH CAROLINA

The fall examinations for registered nurses in North Carolina will be held in Charlotte, November 27-29. Application blanks may be obtained from the secretary. All applications must be sent in by November 12. Further information on request. Lora A. Toomer, Secretary-treasurer.
123 South Fourth Street, Wilmington.

OHIO

Cleveland.—The Graduate Nurses' Association is to hold a Christmas Fair in the Hampton-Robb Memorial Club House early in December. There being a small debt on the furnishings of the home, the association wants to show its appreciation of all that has been done by the Robb Memorial Committee and begin the new year entirely free from debt.

Although only opened last April, the club has already demonstrated its need and is steadily growing in popularity. Several much appreciated donations have been received for the library, among others, the entire "History of Nursing" (4 volumes) from Miss Nutting and Miss Dock; "Practical Nursing," from Miss Maxwell; four books on various nursing subjects, from Saunders & Company, publishers; and subscriptions for the Journal and *Pacific Coast Magazine*, from Drs. Corlett and Stanford.

Miss Fraser, the first superintendent, whose health obliged her to resign last August, organized the house in a most capable manner and proved very conclusively that it would be self-supporting. Miss Bastin, who succeeded her, is superintendent and registrar as well, being relieved from the registry for part of each day by Mrs. Smith, the former registrar. Miss Bastin is a graduate of the Illinois Training School, and did private nursing in the city for a time.

The educational committee has arranged an attractive programme for monthly lectures or talks on many interesting subjects and a very successful year is anticipated.

Martha L. Lent, who has been in charge of the nursing service of the Babies' Dispensary since its foundation, has been granted a year's leave of absence, on half pay, and is studying at Teachers College, New York.

MICHIGAN

The Michigan State Board of Registration of Nurses will hold, on November 27, 1913, the last registration meeting under which graduate nurses will be granted registration without examination. All applications should be on file with the secretary at least five days preceding this meeting.

R. L. Dunn, Secretary,
Lansing, Michigan.

The new list of officers of the Michigan State Board of Registration of Nurses is as follows: president, Mrs. Elizabeth Tracy, R.N., Detroit; vice-presi-

dent, Mrs. Susan Fisher Aptel, R.N., Grand Rapids; secretary, R. L. Dixon, M.D., Lansing; Mrs. Mary Steiner Fay, R.N., Battle Creek; Arthur W. Saldmore, M.D., Three Rivers.

Kalamazoo.—Bronson Hospital has, as its new superintendent, Phebe L. Carson, who has recently taken the course in institutional management at the Massachusetts General, Boston.

Detroit.—The Wayne County Nurses' Association is planning a programme for the winter to include the following subjects: Equal Suffrage, Hygiene, Social Service Work, Practical Demonstrations on the Care of Tuberculosis Patients at the Tuberculosis Hospital, Psychology, and a Sketch of the Life of Florence Nightingale.

WISCONSIN

The Wisconsin Association of Graduate Nurses held its third annual meeting, in Milwaukee, October 1. The following officers were elected for the coming year: president, Mrs. Maud G. Davis; vice-presidents, Ella McGovern, Anna J. Maxwell; secretary, Miss Newberne, 815 Marshall Street, Milwaukee; treasurer, Emma Kale. The association has a membership of 119, ten new members having been admitted during the year.

It was decided to employ a graduate nurse to visit the various cities and towns of the state for the purpose of organizing county associations. A committee was appointed to adopt resolutions protesting against the abuse of the nurse's uniform. Pupil and sometimes graduate nurses are to be seen daily at the moving picture shows, in the street cars, and on the streets in uniform. A copy of the resolutions will be mailed to every training school in the state, and through these schools the association hopes to influence the nurses to a point where personal pride in the profession will prevent the use of the uniform in all public places.

MINNESOTA

Minneapolis.—The Hennepin County Registered Nurses' Association held its annual meeting on September 11, at the club house. Eighteen members responded to the roll call. The following officers were elected: president, Ethel Flympton; vice-presidents, Agnes Peterson, J. Elizabeth O'Connor; recording secretary, Augusta E. Mattel; corresponding secretary, Agnes Hope; treasurer, Bertha Merrill; directors: Edith F. Hommel, L. Louise Christensen, Rachel O'Hara.

ILLINOIS

Chicago.—The Illinois Nurses' Registration League holds monthly meetings in the Visiting Nurses' Association House, from September through May, at 2.30 P.M. The officers are: president, Minnie H. Ahrens; vice-president, Ellen C. Glenn; secretary, Anna Jorgensen; treasurer, Isabel McFarland. The programme for the year is as follows:

September 21: Report of delegate to the convention, Isabel McFarland, R.N., Englewood Hospital. Admission rules for entrance to the training school and standard of education. Discussion opened by Ellen Foley, R.N., Visiting Nurse Association of Chicago.

October 19: Presentation of subject matter, Dr. Winfield Scott Hall, Northwestern University Medical School.

November 16: Routine duties of the nurse in the children's ward, Elsa Burke, R.N., Children's Memorial Hospital. Discussion, Emma Pepper, R.N., Illinois Training School.

December 21: Training-school announcements and what is legitimate advertising, Mary E. Nelson, R.N., Augustana Hospital. Methods of keeping pupil nurse's records, Mrs. Effie Simpson, R.N., Illinois Training School for Nurses.

January 18: The preparation of the pupil nurse as a medical social worker.

February 15: Demonstration: muscular fatigue, osmosis, blood-pressure, Dr. Winfield Scott Hall, Northwestern University Medical School.

March 15: The construction and management of nurses' homes, Helen Bloomfield, R.N., Evanston Hospital.

April 19: Scientific management as applied to nursing, Mary C. Wheeler, R.N., Illinois State Board of Examiners of Registered Nurses.

May 17: Annual meeting.

The Illinois Training School Alumnæ Association held its first fall meeting on September 5, in a new place, the Pine Room, Stratford Hotel. The scholarship committee reported that the alumnæ prize of $50 was presented to Rudy M. Streitmatter, of the last graduating class. The new by-laws were discussed and slightly amended. Ellen V. Robinson has resigned as secretary of the directory to take charge of the information desk at the Presbyterian Hospital. Grace Umberger, class of 1909, has accepted a hospital position in Mexico. Augusta Hinze, class of 1906, is surgical nurse at the Mary Thompson Hospital, and Mary Zeis has a similar position in a hospital at Sigler, Ill. Edith Muhs, class of 1903, is superintendent of nurses at Multnomah Hospital, Portland, Oregon. Alice C. Beatle has been called to Cleveland from her hospital position in Iowa, to take charge of the Robb Memorial Club House and Directory.

Caroline H. Schlinger, class of 1905, Lakeside Hospital, has accepted the position of school nurse with the Board of Education, Dubuque, Iowa.

INDIANA

The Indiana State Board of Nurse Examiners will hold examinations for registration on November 20 and 21.

All applications should be filed with the secretary by November 10.

Edna Humphrey, R.N., Secretary,
Crawfordsville, Ind.

The Indiana State Nurses' Association held its tenth annual convention in the Y. W. C. A. Building, Indianapolis, on October 1 and 2. No report of the meeting has been received, but the following programme was prepared for the meeting and was, without doubt, carried out.

Monday, September 30, meeting of the Society of Superintendents, at the City Hospital, Ethel Chisholm, presiding. Report of the National League for Nursing Education, Jessie Horn; paper, Edna Humphrey; question box, Frances March.

Tuesday, October 1, registration, and meeting of Executive Council. Morning session: Invocation, Bishop Lewis; greetings, Mrs. Grace Julian Clarke; response, Laura R. Logan; president's address; reports and business.

Afternoon session: Address by Dr. Wiley, in Hollenbeck Hall, under the

auspices of the Departmental Club; address by Jane A. Delano, R.N., to the Loyal Council of Women at the Propylaeum.

Evening: Reception to Miss Delano.

Wednesday, October 2, morning session: Reports of committees, directors of districts, delegates to national convention and affiliated societies, and of the Board of Nurse Examiners; address, Jane A. Delano; address, "Social Service," Dr. Chas. P. Emerson; "Prophylactic Nursing," Edith Baynes, R.N. Election of officers.

Tea at the Methodist Hospital.

Seymour.—Mrs. Florence McClelland, R.N., superintendent of Schneck Memorial Hospital, resigned her position early in August, leaving it on October 10, to go to Louisville, Ky. She has had charge of the hospital since its beginning, March, 1911, and has taken it through the period of difficult constructive work with great success. Her departure to other fields of labor is regretted by her hospital friends here. Her successor has not yet been appointed.

IOWA

Davenport.—Mercy Hospital held graduating exercises for eleven members of the class of 1912, on the evening of June 13, in the auditorium of St. Ambrose College. Addresses were given by Dr. L. W. Littig and by Bishop Davis, who also conferred the diplomas.

NEBRASKA

Lincoln.—Lisle Frederick has resigned her position as superintendent of Green Gables Sanatorium.

Omaha.—The Wise Memorial Hospital Alumnæ Association held a regular meeting on the evening of September 10, at the hospital. After routine business, the members adjourned the meeting until December.

MISSOURI

St. Louis.—The Baptist Hospital Alumnæ Association was organized by the graduate nurses of that institution on November 22, 1911, and the first annual meeting was held on June 1, 1912. The officers are: president, Martha I. Coon; vice-president, Mary L. Schappert; secretary, E. Maude Stearns, 2208 Ridge Avenue; treasurer, Eunice Smith.

The Jewish Hospital Alumnæ Association held its annual meeting in the Nurses' Home, October 8, Mrs. George, the president, in the chair. Because so many nurses were on duty, there was a small attendance. Miss Whittaker, superintendent of nurses, gave a very interesting talk. Marion Evans, class of 1910, was elected delegate to the meeting of the Missouri State Nurses' Association in Kansas City. Three new members were admitted. Gilberta Harris, class of 1909, is superintendent of the Ivey Hospital in Sangdo, Korea. Viola Bollinger, class of 1908, is nursing in Texas, and Helen Blacknall, class of 1910, in Arkansas.

OKLAHOMA

Enid.—The Graduate Nurses' Association of Garfield County, Oklahoma, was organized on September 22, when the graduate nurses of the city met at the Enid General Hospital for the purpose. Meetings will be held every

two weeks, alternately at the hospitals, and all nurses are cordially invited to become members. On October 7, the meeting was held at the University Hospital, at 8 P.M.

COLORADO

Denver.—The University of Colorado has opened a course in Social and Home Service, intended as a preparatory course for nurses. The object of the course is to present nursing as a profession to the college student and to attract better educated women to the training schools. Many of the professors are deeply interested in the success of the course, notably the Dean of Women, Miss Bigelow. Entrance requirements and fees are the same as for students in the regular B.A. course. The subjects taken up are: first semester, anatomy and physiology, sanitary science, bacteriology, materia medica, principles of nursing, chemistry or general psychology, principles of economics; second semester, sanitary science, physiology, principles of nursing, chemistry, problems of sociology or educational psychology, social ethics. Louie Croft Boyd is the instructor in principles of nursing. Certain hospitals have agreed to give credit for work done in this course, thus shortening the time spent in training.

TEXAS

State Board Examination

Medical Nursing

1. Name the different kinds of pulse and respiration. 2. Give cause and prevention of bed-sores. 3. How many kinds of enemata are there? Describe how you would give one. 4. How would you distinguish hemorrhage from the lungs? From the stomach. Give symptoms of concealed hemorrhage. 5. Describe in detail (a) methods used to reduce temperature in typhoid fever: (b) What special care would you give a typhoid patient? (c) Name three complications to watch for in nursing it. (d) Method of disposing of excreta. 6. Describe an up-to-date method of fumigation. 7. State in detail the nursing care and the period of greatest danger in pneumonia. 8. How may tubercle bacilli be introduced into the system? 9. Define crisis and lysis. 10. What difference is found in the recorded temperature as taken by mouth, axilla, and rectum?

Surgical Nursing

1. What is a disinfectant? A deodorant? 2. State chief complications that may occur after a surgical operation of any kind. 3. Describe method for preparing the field of operation for appendicitis. 4. Describe a practical way for sterilizing surgical dressings in a private home. 5. How should cutting instruments be sterilized? 6. What after-care should be given a patient who has had a perineorrhaphy? 7. What is hypodermoclysis? How prepare normal salt solution? 8. Describe dorsal, knee chest, and Sims position. 9. How would you prepare a patient for a general anæsthetic? 10. What are the indications of shock? Give treatment.

Anatomy

1. What is anatomy? 2. Give anatomical structure of the heart. 3. Describe briefly the human skeleton. 4. Name bones of upper extremities. 5. Where is the occipital bone situated? 6. Give name of outer covering and inner lining

of heart. 7. What is a gland? 8. Name the largest of the ductless glands. 9. Name the two largest muscles of the body. 10. Define neurology; dermatology. 11. Define lymph. 12. Locate patella, femur, and fibula. 13. Name organs of circulation. 14. What is the synovial membrane? 15. Locate the foramen magnum.

PHYSIOLOGY

1. What is physiology? 2. What is the gastric juice; what are its functions? 3. What is the saliva; what are its functions? 4. Define excretion; excretion. 5. What is the average amount of urine discharged in 24 hours? 6. Give the course of bile and its functions. 7. Give color, specific gravity, and reaction of blood. 8. What action does oxygen have on the blood? 9. What are the functions of white corpuscles? 10. What are the functions of the skin? 11. Give composition, specific gravity, and reaction of human milk. 12. What is the function of the periosteum?

OBSTETRICS

1. How would you prepare a room for a patient to be confined in? 2. What bones form the pelvis? 3. What are the internal organs of generation? 4. How would you prepare saline solution? What have ready for giving hypodermoclysis? 5. Describe the different stages of labor. 6. What would you do should your patient have a postpartum hemorrhage while you were alone with her? 7. State the care you would give a new born infant's eyes, and the breasts should they be enlarged. 8. When should a glass catheter not be used to catheterize a patient? 9. Give list of things necessary to have for a confinement. 10. What care would you give a nursing mother's breast and nipples?

GYNECOLOGY

1. How would you prepare a patient for abdominal section? 2. (a) What care should be given to catheters, rectal and douche tubes? (b) How would you sterilize rubber gloves? 3. What care should a nurse take of herself while nursing a patient who has gonorrhœa? 4. What solutions are most commonly used for irrigating the bladder? What temperature and how much solution is generally used? 5. What four positions are most generally used in operating on or examining gynecological patients?

HYGIENE

1. Define the term "hygiene." What constitutes good ventilation? 2. Describe the ideal sick-room from a hygienic standpoint. 3. Name the essentials conducive to a healthy condition of the body. 4. How would you disinfect a room after a contagious case? 5. How is pulmonary tuberculosis communicated? 6. Give precautions to prevent its transmission. 7. (a) At what temperature would you ordinarily keep a sick-room? (b) How would you keep the air pure? 8. What is the reason for the general crusade against the house fly? 9. What is the objection to the public drinking cup? 10. Give five important points in bodily hygiene to be emphasized in teaching children.

MATERIA MEDICA

1. What is a diuretic? Name one and give the dose. 2. Give the dose of morphine sulphate; codeine sulphate. 3. Name two emetics and give the methods of administering each. 4. Give the official name and dose of seven spirits of

nitre, epsom salt, laudanum, paregoric. 5. What is the effect of opium upon the nervous system and the secretions? 6. What is a tincture? What is a spirit? 7. What is an aqua? What is a liquor? 8. What factors determine the frequency of administration of medicine? 9. What is meant by the "therapeutic limit" of a drug? 10 Describe the method of administering a dose of medicine hypodermatically.

DIETETICS

1. Name the different classes into which food may be divided. 2. How would you make beef broth? Beef juice? 3. What class of foods should be excluded from a rheumatic diet and why? 4. Name three foodstuffs rich in albumin. 5. Give a general outline of diet for a typhoid fever patient. One for a diabetic patient. 6. Give a list of fruits to be recommended for laxative effect. 7. Why is a mixed diet necessary? 8. What effect does boiling have upon tea? 9. Why is thorough cooking especially important in cereal foods? 10. Give points to be observed in setting an invalid's tray.

CANADA

Winnipeg.—THE NEW CHILDREN'S HOSPITAL was opened formally during the summer by the Duke of Connaught and Princess Patricia. The hospital, of which Jean Ramsay, R.N., is superintendent, represents a great work on the part of those interested in its establishment, beginning with the small house accommodating about twenty patients, and having now a completely equipped modern hospital with four wards, each having a large sun room for convalescents and porches for tuberculous cases, six private rooms and two semi-private, as well as a large out-patient department.

Vancouver.—A MASS MEETING OF NURSES in and about Vancouver was called on Tuesday, September 10, to consider the ways and means of presenting a bill for the registration of nurses in British Columbia. A graduate nurses' association of British Columbia was formed and the following officers elected: president, Miss Wright; vice-presidents, Miss McDonald, Miss Randal, Miss Patton; secretary-treasurer, Miss Brown.

Nearly sixty nurses were present and a very enthusiastic meeting held, when various committees were formed. A dinner at the Athenæum Club was given to the visitors by the Vancouver Graduate Nurses' Association, and the prevailing sentiment was that work must be started at once on the proposed bill.

BIRTHS

On September 9, a daughter to Dr. and Mrs. Duncan. Mrs. Duncan was Mamie Mann, class of 1910, Illinois Training School, Chicago.

At St. Luke, Canada, a daughter to Mr. and Mrs. Donaldson. Mrs. Donaldson was Ethel Mellon, a graduate of St. Luke's Hospital, New York.

At Fort White, Florida, a daughter, to Dr. and Mrs. Dwight Rivers. Mrs. Rivers was Martha Edmonds, class of 1910, University of Maryland Hospital, Baltimore.

At Rocky Mount, North Carolina, a daughter, to Dr. and Mrs. Quillen.

Mrs. Quillen was Leila Owings, class of 1905, University of Maryland Hospital, Baltimore.

On September 18, in the parlors of the Chesapeake and Ohio Hospital, Clifton Forge, Va., Julia May Calvert, class of 1910, Sheltering Arms Hospital, Hanoford, W. Va., to Robert Allen Davis, M.D. Dr. and Mrs. Davis will still hold their positions in the hospital as assistant surgeon and surgical nurse.

MARRIAGES

On July 30, at Boston, Helen Mae Caldwell, class of 1909, Adams Nervine Asylum, to Ernest H. Lamson.

On September 2, in Hudson, Mass., Alice L. Keany, class of 1910, Massachusetts General Hospital, to Edward H. Bryant.

On August 14, at St. Andrews, New Brunswick, Florence G. Hibbard, class of 1903, Massachusetts General Hospital, to William H. Morrow.

On August 15, in St. Mary's Church, Detroit, Augusta C. Neel, class of 1907, St. Mary's Hospital, Detroit, to T. C. Callahan, M.D., of Berlin, Ontario.

On June 19, in Richmond, Va., Elizabeth Detwiler, class of 1906, Illinois Training School, to Ernest C. Levy, M.D. Dr. Levy is chief health officer of Richmond.

On August 29, in Chicago, Genevieve Ray, R.N., class of 1911, City Hospital, Indianapolis, to Louis DeWitt Reed, M.D. Dr. and Mrs. Reed will live in Hope, Indiana.

On September 10, at Baltimore, Mary Barton Saulsbury, class of 1909, University of Maryland Hospital, to James Bay, M.D., of Havre de Grace, Maryland.

On September 10, Gertrude Gillespie, class of 1909, St. Vincent's Hospital, Indianapolis, to Thomas J. Killilea. Mr. and Mrs. Killilea will live in Indianapolis.

On August 17, in Louisville, Ky., Lillie E. Wilson, class of 1907, Kentucky School of Medicine Hospital, to J. P. Burnett. Mr. and Mrs. Burnett will live in Houston, Texas.

On August 19, in Meriden, Conn., Josephine C. Horan, class of 1908, St. Francis Hospital, Hartford, to Daniel C. Payne. Mr. and Mrs. Payne will live in Unionville, Connecticut.

On June 26, at Manitowoc, Wis., Maude W. VanAkin, R.N., class of 1908, the Dr. White Sanatorium, Freeport, Ill., to John E. Cocking. Mr. and Mrs. Cocking are living in Colfax, Washington.

On October 7, at St. Peter's Church, Hartford, Conn., Mary M. Hegerty, class of 1907, Hartford Hospital Training School, to William H. Morrissey. Mr. and Mrs. Morrissey will live in Philadelphia.

DEATHS

On June 29, at Day-Kimball Hospital, Mrs. Edith Roth Sykes, class of 1909, Hartford Hospital Training School.

On October 1, at Vancouver, B. C., of endocarditis, Isabel McCrenimon, class of 1909, Hartford Hospital Training School.

At her home, Hughesville, N. Y., after a lingering illness, Adelaide Irving, class of 1903, Bellevue Hospital. Miss Irving was formerly assistant matron of the training school.

On September 28, at her home, West New Brighton, Staten Island, Margaret Bullock, class of 1903, Prospect Heights and Brooklyn Maternity Hospital. Miss Bullock was the pioneer graduate nurse of Staten Island and to that community she devoted her life of active service. Her ability as a nurse and her beautiful character have endeared her to a wide circle of friends who deeply mourn their loss.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

MAKING GOOD ON PRIVATE DUTY, PRACTICAL HINTS TO GRADUATE NURSES. By Harriet Camp Lounsbery, R.N., president of the West Virginia State Nurses' Association, sanitary school inspector for Charleston Independent School District. Price $1.00. J. B. Lippincott Company, Philadelphia and London.

This book, made up largely from papers contributed to the *Trained Nurse* and to THE AMERICAN JOURNAL OF NURSING, has already a number of friends. However valuable the original papers, they lacked the form and style which the author adds to the finished volume. It is pleasant indeed to note in these days of commercialism that our profession still numbers those who cherish the higher ideals, and who show us where to look for the compensating side in the hardest and least attractive of the various kinds of nursing. For that it is the hardest every nurse will allow; and for this reason will choose in preference any of the branches that offer outside work and undisturbed nights, as school nursing, district work, etc. Mrs. Lounsbery paints no fancy picture of private duty work, however, for she touches upon the saddest and most trying phases of it. There is the chronic case, that only ends in death, the confinement case, where two patients are counted as one, and where the nurse must sleep with one eye open and yet be fresh for the double task of the day. There are, hardest of all, the jealous and critical friends of the patient, who continually weigh the nurse in the balance, with far from satisfying results. Mrs. Lounsbery grants you all these disadvantages but compels you to feel that the difficulties will all vanish before faithful work and judicious tact. She knows well the forlorn sensation that takes possession of the young nurse, who finds the loneliness of her position one of its hardest features, and who misses the stimulation of exciting hospital work, where there are constant happenings, and where there is comradeship of one's fellow nurses; and knowing these things from her own experience, she writes just what is helpful and what the young nurse will do well to follow closely. There is no other book of its kind, so far, in nursing literature. There is in it wonderfully little

that one looks for in a text-book, but it contains all those small and yet important things that are sure to be missing if one looks for them in the usual text-book of nursing. If it were not that it is the most practical common-sense, one might class it with the books for the spiritual guidance of the nurse. Certain it is, that unless the nurse makes the principles outlined in the text of this book her guide, she will neither go far, nor help others on the way. On the other hand, by accepting its guidance and standards, one can find many compensations in the field of private duty, make many friends for one's self, and find ample opportunity for developing one's intelligence and usefulness, beside bringing credit to one's profession.

HOSPITAL STERILIZING AND THEIR DUTIES. By Eva C. E. Lückes, matron of the London Hospital; author of "Lectures on General Nursing." Fourth Edition. Price 2/6 net. The Scientific Press Limited, 28–29 Southampton St., Strand, W. C., London.

The new edition of Miss Lückes' book will be received with grateful thanks by her American readers. There has been a thorough revision, and much of the matter has been rewritten. The book retains its original feature of minute detail of a nurse's department, which makes it unique, and has brought such a demand for it that it has been translated into French and German. Ward management, the relationship between the head nurse or "Sister" and her staff of nurses and probationers, the training of probationers, the nurses and their patients, ward maids and their supervision, and, finally, the preliminary training home are all dealt with in turn, each subject being demonstrated through every part, with painstaking care for every detail.

PHYSIOLOGY MADE EASY. By Lucy Brooks, late Sister at the Victoria Hospital, Hull, England; graduate of the General Infirmary, Leeds. Price 1/6 net. The Scientific Press Limited, 28–29 Southampton St., Strand, London W. C.

A little manual, which will be found useful when used for blackboard teaching in conjunction with the ordinary technical books on these subjects. It consists of illustrations, with notes and questions. The drawings are extremely simple and one need not be an artist to reproduce them, yet they give an intelligent idea of the various parts, their use, and their relation to the human body.

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